CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART

C&D/WHITEHALL LABORATORIES ASSISTANT TRAINING

28 October 1995

Pharmacy bodies plan RPM strategy

'Premature' Pill alert comes in for criticism

YPG sets out to fight for the next generation

C&D seminar looks at strong analgesics

Saulter drops pharmacy for arts and crafts ...

Business in focus: £1m pharmacy wants more

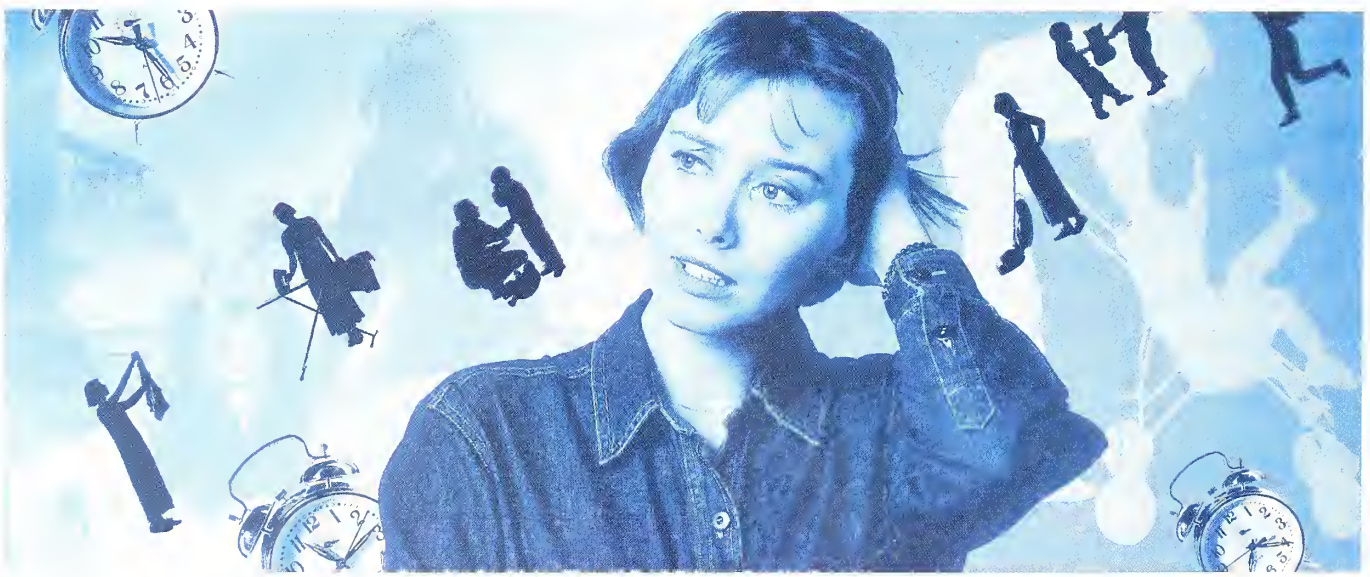
Glaxo Wellcome settles Zantac patent dispute

Kalms Keeps the Sales Pressure On and On and On...

Keep calm. Keep Kalms.

Research has shown that the market for the brand leading KALMS herbal sedative will continue to grow. This growth will be fuelled by a major multi-media campaign for Kalms. Using colour page advertising in Women's magazines, inserts offering free Stress Booklets and mailings to consumers. As Britain's best selling, best regarded herbal sedative, KALMS will bring significant rewards to retailers, too. Take the pressure off, recommend Kalms. The natural choice.

Get stocked up through Dendron (Tel: 01923 229251) or your local Wholesaler.



KALMS Registered Trademark and Product Licence held by G R. Lane Health Products Ltd., Sisson Road, Gloucester GL1 3QB. **Active Ingredients**: Humulus lupulus powder 45.00 mg, Gentiana Lutea powdered Ext 4 1 22.50 mg Valeriana officianalis pdr Ext 4 1 33.75 mg **Directions**: Two tablets to be taken three times a day after meals. Not suitable for children. **Indications:** A traditional herbal remedy - 1. To relieve periods of worry, irritability, and exogenous stresses and strains. 2. For the relief of worry, wakefulness, and other symptoms associated with the menopause including flushings and cold sweats 3. Promotes natural sleep **Precautions**: Seek medical advice if you are on other medication, or if condition worsens. Keep all medicines out of the reach of children Not to be used during pregnancy or lactation Do not use if sensitive to any of the ingredients. **Legal Category**: General Sale List. **Packs**: 100 and 200 tablets. (PL 1074/5045R) **Price**: RSP £3 25 £5 70

Please always ask your customers to read the label.

Lanes LEADERS IN NATURAL HEALTHCARE.

COMMENT

Resale price maintenance has continued to hog the headlines this week. The Office of Fair Trading has announced a review of RPM on medicines, but the exemption can only be ended by the Restrictive Practices Court, and to get the court to look at it again the OFT will have to show hard evidence of a material change in circumstances since the last review in 1970.

Therein lies the challenge to pharmacy, whose representatives met this week to plan their strategy. It was argued 25 years ago that cutting medicine prices would encourage overpurchase; restrict choice; encourage purchase where professional advice was not available; and lead to the closure of pharmacies. With the greater clout of the supermarkets and declining NHS margins a real threat to many pharmacies, these arguments are if anything stronger now than they were then.

The OFT move, if nothing else, is likely to stay the hand of any other retailer who might feel inclined towards discounting. Further encouragement to back off comes from the legal moves initiated this week by some of the heavyweights in the OTC business. Pharmacists will applaud the warning sent to Asda by Smithkline Beecham, Warner Wellcome, Reckitt & Colman, Crookes, Whitehall and Procter & Gamble. But although injunctions have forced the company to reinstate RPM on Roche and Seven Seas products pending a further hearing on November 2, Asda is far from caving in.

It is up to pharmacists to make best use of any hiatus to press their case over the coming months. While manufacturers alone can legally enforce RPM, only coherent and well supported arguments from pharmacists can win the war. The OFT is losing no time in approaching the representative bodies. They need hard facts and figures (see p612). Make sure they get them!

CHEMIST & DRUGGIST

Editor Patrick Grice, MRPharmS
Assistant Editor/Beauty Editor Liz Jones, BA
Contributing Editor Adrienne de Mont, MRPharmS
News Editor Marianne Mac Donald, MRPharmS
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Martin Calder-Smith
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Production Katrina Avery

Publisher Ron Salmon, FRPharmS

Publishing Director Pam Barker

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REGULARS

CSM takes criticism over Pill scare

Amid mounting criticism of the contraceptive Pill alert issued by the UK Committee on Safety of Medicines, pharmacists are being urged to advise women not to simply stop taking the brands at the centre of the health scare

The seven third-generation progestogen contraceptives that have been named by the CSM as creating a higher risk of deep vein thrombosis are Femodene, Femodene ED and Triadene (Schering Health Care), Minulet and Tri-Minulet (Wyeth Laboratories), and Mercilon and Marvelon (Organon Laboratories).

In total, these Pills are prescribed to 1.5 million women, half of all those using oral contraceptives, and the National Pharmaceutical Association says pharmacists are bound to see many thousands in the coming weeks who are worried or concerned about taking them.

"Their advice should echo that issued by the CSM," comments an NPA spokesperson. "They should urge women to continue to take the Pill they're on until they've seen their GP and been prescribed an alternative. It should be explained to them that the danger of blood clots for those taking these brands, while higher than for the second-generation progestogens, is still minimal, and is much lower than the risk of thrombosis in pregnancy."

The Government warning was based on the findings of three separate research studies from the World Health Organisation, the University Medical Centre in Boston and the McGill Faculty of Medicine in Montreal. All three have been submitted for publication or presentation at scientific meetings in the near future.

According to the CSM, all the investigators have indicated that there is an increased risk of thrombosis with the third-generation contraceptives containing the synthetic hormones desogestrel and gestodene. The risk of thrombosis is estimated at 15 per 100,000 in women taking the lower-risk Pills and 30 per 100,000 for the seven brands covered by the warning.

The manufacturers of the targeted contraceptives have been fiercely critical of both the CSM's assessment of the risks and its handling of the alert.

Don Barr, director of corporate affairs at Wyeth Laboratories, says the Committee's action was premature, flew in the face of previous scientific data on the contraceptives and had created unnecessary panic.

"Clearly our first concern must be for the patient, but we question the wisdom of basing a decision in this matter on the findings of unpublished research, particularly when the FDA in the US and the CPMP for Europe are not advising similar action," he says.

Also critical of the CSM's judgment was Professor Walter Spitzer, an epidemiologist from the McGill Faculty of Medicine and principal investigator of one of the reports on which the Committee based its alert. He says the findings of his studies had been "interpreted incorrectly and then misinterpreted to clinicians and the public". He admits that his study had been funded by Schering, but says that it was entirely independent of the company.

Professor Michael Rawlins, chairman of the CSM, rejects suggestions that the action was premature and says that analyses presented to them were final.

GPs switching women to levonorgestrel Pills are being advised by manufacturers to prescribe one month's supply at a time to prevent stock shortages.

The advice to switch to older brands is expected to save the NHS as much as £25 million.

● The Government has agreed to review its procedure for alerting doctors and pharmacists to new health warnings as a result of the mass panic and confusion following last week's announcement on oral contraceptives.

NPA seeks help over RPM

The National Pharmaceutical Association is calling on pharmacists to help it in presenting the case for retaining resale price maintenance to the Office of Fair Trading.

The OFT wants to meet the NPA soon, and the Association needs help now to bring its database and statistics up to date.

"In particular, we need figures to show that community pharmacists do depend to a significant extent on the gross profit from proprietary medicines," says the NPA's chairman, Wally Dove.

"If your records and accounts enable you to identify sales and purchases of medicines, please help us by sending to John D'Arcy at the NPA figures that will enable us to make the case on your behalf," he says.

All information will be treated in the strictest confidence and will be used anonymously.

The OFT, in putting RPM on branded medicines under review, will first attempt to discover whether circumstances have changed since the Restrictive Practices Court last reviewed it.

Script charge excites MP

The reverberations of Welsh pharmacist Allan Sharpe's stand on NHS prescription charges have spread to the House of Commons, with Labour MP Rhodri Morgan (Cardiff West) calling on the Government for a review of the payment system.

Mr Morgan wants pharmacists' Terms of Service to be altered to allow them to offer patients the option of paying the cost price, where it is less than the per item prescription charge.

Health minister Gerald Malone says: "The scheme was last reviewed in 1993. There are no current plans for a further review, either of the scheme itself or the reasons why patients may choose not to present prescriptions for dispensing."

He was unable to tell Mr Morgan the net cost to the NHS of allowing pharmacists to offer the option of paying cost price where the cost of the drug was less than £5.25.

Shrivenham gets its pharmacy

The Family Health Service Appeal Unit in Harrogate has overturned Oxfordshire Family Health Services Authority's refusal to grant preliminary consent for a pharmacy in Shrivenham.

This successful application, by Graham Jones Pharmacy, which also runs a pharmacy in Lambourn, Berkshire, follows other previous unsuccessful applications – one of which was turned down on appeal earlier this year.

While the FHSA found that the application would not prejudice medical services, it ruled that the application was not necessary or desirable on the grounds that the neighbourhood (Shrivenham and Watchfield villages, population 3,427) were adequately served by pharmacies in nearby towns at least three and a half miles away.

None of these pharmacies chose to comment on the application, according to the applicant, Graham Jones.

This wide definition of neighbourhood was overturned by the Appeal Panel, which stated: "This was too extensive a definition of neighbourhood", agreeing that the 'neighbourhood' comprised the adjoining villages of Shrivenham and Watchfield.

Mr Jones was delighted by the verdict: "The Appeal Panel rightly regarded a round trip of seven miles to the nearest pharmacy as unreasonable."

Strong analgesics was the topic for a *Chemist & Druggist* pharmacy training seminar, co-sponsored by Seton Healthcare, held last Thursday at the Post House Hotel, Croydon. *C&D* seminars are now accredited by the College of Pharmacy Practice to provide an hour and a half of continuing education. Pictured with *C&D* editor Patrick Grice (left) are the three presenters (l to r): community pharmacist and NPA Board member Jeremy Clitherow; Seton's marketing manager, Sarah Farnell; and Manchester GP Dr Chris Steele, the TV doctor on ITV's 'This Morning'. The seminar papers are carried on pp625-627

On-call extension

The on-call pharmacists scheme run by Kirklees Family Health Services Authority is being extended to March, 1997.

The scheme was due to finish at Christmas (*C&D* last week, p573), but further funding was sought following its first six months' success.

The important role of pharmacists in health promotion and in working with GPs towards efficient and cost-effective prescribing is acknowledged in a strategy document for 1995-2000, published by Kirklees and Calderdale FHSAs and West Yorkshire Health Authority. Various local joint service development initiatives have already been implemented. These include pharmacy-based blood pressure screening services, domiciliary visiting, advising on inhaler techniques and counselling people who wish to give up smoking.

The strategy document also supports improvements in prescribing, including the development of practice-based formularies, the continuing move to generic prescribing and the establishment of local prescribing committees to examine the implications of hospital prescribing on primary care prescribing.

Twenty pharmacies in Kirklees have just completed a review of waste medication, in which they logged unwanted medicines returned over one month. The results are still being analysed.

The Young Pharmacists' Group AGM came with a space exploration theme and Trekkers' Ball (pp631, 642)

Diabetic foods confusion

Many diabetic foods have a higher fat and calorie content than foods described as low in energy and fat, a survey has shown.

Several other readily available products are much more suitable for people with diabetes, conclude Cheshire County Council trading standards officers, who compared 23 diabetic foods with similar conventional foods. All but one of the diabetic items were much more expensive.

Last March, diabetic foods were removed from the Food Labelling Regulations 1984. Instead, manufacturers must be able to substantiate any claims they make, but it seems the 'diabetic' claim is based on the foods being low in readily absorbable carbohydrates, the sugar being replaced by bulk sweeteners.

"Diabetics benefit from controlled consumption of fats and energy as much as sugar," says the report.

Agency deals should not be encouraged, says PSNC

Although agency arrangements where the pharmacist acts as an agent for suppliers of stoma care and incontinent appliances is not a breach of the Terms of Service, it should be discouraged, says the Pharmaceutical Services Negotiating Committee.

Its view is that the supply of appliances is an important part of the provision of pharmaceutical services to patients, which "should embrace the whole treatment of the patient".

PSNC also recommends that pharmacy contractors should, where they hold an appliance contract, provide the prescription item themselves, rather than passing the prescriptions onto the appliance contractor for dispensing and delivering the item back to the patient.

Men over 60 get free scripts

The Pharmaceutical Services Negotiating Committee says the reduction in the free prescription age limit for men will make extra work for pharmacists in the short-term, but shouldn't create any great difficulty. There is some dispute, however, over whether pharmacists should have warned affected patients about the change in the rules to make refund claims easier.

The Government agreed to cut the age at which men are entitled to free prescribed medicines to 60 after the European Court of Justice ruled against it in a case brought by retired lecturer Cyril Richardson. He had alleged that the UK was in breach of EU law for linking free prescriptions to different male and female state pension ages.

The change was implemented immediately on the ruling and, it is estimated, will cost the NHS between £30 million and £40m a year. It means that over one million men in England and Wales aged between 60-64 are entitled to free prescriptions on age grounds. Similar amending regulations have been made in Scotland and Northern Ireland. The Department of Health is to distribute posters and coupons to NHS contractors.

As well as allowing them free prescriptions from now on, the Government is also giving men aged 60-65 refunds on any they have paid for since July 20. Coupons for making claims to the Prescription Claims Processing Unit at the Prescriptions Pricing Authority in Newcastle have been printed in newspapers and are also being distributed to pharmacies by FHSAs.

Dr Gordon Geddes at the PSNC says pharmacists have no need to panic over the changes.

"They will have an increased workload for a short period in explaining the new rules to patients, getting them to cross out 65 on part B of the prescription form and passing out information on charges paid or prepayment certificates purchased," he says. "But it shouldn't be long before things settle down."

The criticism that pharmacists should have been more 'proactive' in the lead up to the change in prescription policy came from David Lindsay of the Campaign for Equal State Pensions, which backed Mr Richardson at the European Court. He believes they had a role to play in advising patients that the development was imminent.

"I am particularly critical of the multiples on this point, notably Boots, but I think all pharmacies could have told the men in this age range to hold onto receipts, just in case," he says. "It would have made settlement of refunds that much quicker and more straightforward."

PPA chief executive Alan Hilton says his organisation is geared to sort out reimbursement without them, but admits it would be simpler with receipts.

Cambridge Counterpart goes for eyes and ears

The fifth module of Whitehall-sponsored Cambridge Counterpart assistants training course is enclosed with this week's issue of *C&D*. This module, which covers 'Eyes and Ears', can be used by up to four assistants at a time.

Assistants who want to register for interactive telephone marking should contact Claire Newman on 01732 364422 (there is a fee of £12.50, plus VAT). Additional copies of the modules are available from sponsor Whitehall. Contact Tracy Matthews or Charlotte Batchelor on 0181 747 8797.

Update updated

Readers of last week's 'pull out and keep' Pharmacy Update section in *Chemist & Druggist* will have noticed that the pages appeared in the wrong order. Our printer has agreed to reprint the section, which is carried as a loose insert in this week's issue, allowing subscribers to keep a correct version on file.

Assistants accreditation

Experienced counter assistant staff, who register to sit the Royal Pharmaceutical Society's MCQ paper by November 4 but don't take the exam at the end of the month, will still have two further opportunities to take it in the spring and autumn of 1996, Roger Odd, head of practice at the Society, has confirmed. Those who register will receive sample questions. Completion of the MCQ exam will fulfil the Society's assistant training requirements.

Teenage smoking rises

An increase in teenage smoking has been noted in an OPCS study of secondary schoolchildren in 1994. Junior health minister Baroness Cumberlege says the campaign to reduce teenage smoking should involve everyone.

Animal experiments rise

Some 2.84 million animal experiments were carried out in Great Britain in 1994, a rise of 15,000 compared to 1993. Less than 2 per cent of the procedures were concerned with substances used in cosmetics and toiletries.

Bomb scare at Enfield Boots

A Boots' branch in Enfield, north London, was searched for a suspected bomb for the second time in eight months last week after a caller claiming to be an animal rights activist had telephoned the store. Nothing was found in the latest incident which closed the outlet for about half an hour.

Script snatch

Pharmacists in Irvine, Scotland, have been warned to be on their guard against robbers trying to use prescriptions snatched from a Moss Chemists' assistant in the town after she had picked them up for elderly patients from a nearby health centre. A description of the thieves has been circulated to local pharmacies. The Moss branch has reluctantly suspended its service, and Irvine police have asked the local health authority to advise pharmacists to review their prescription pick-up policies.

No decision yet in Boots' case

A decision can be expected in four to six weeks, following last week's Royal Pharmaceutical Society Statutory Committee hearing at which Boots the Chemists and its pharmacy superintendent faced allegations of misconduct in relation to a collection and delivery service at Durrington, Wiltshire (*C&D* last week p572).

The RPSGB Council contended that continuing to operate the service in the village was unethical once a new pharmacy had opened. The allegation was based on a Council decision, made in 1993, that collection and delivery services should cease once a full pharmacy service was available locally.

Boots argued that the Council's decision has never been formally set out in the Society's guide on 'Medicines, Ethics and Practice'. The company also contended that the Council's decision amounted to a restraint of trade. Boots and its superintendent pharmacist, Philip Marshall Davies, denied misconduct.

Concluding Boots' defence, Michael Beloff QC accused the Society's Council of an unexplained "about-turn" in its attitude towards Boots' collection and delivery services.

In 1991, after a complaint from the village pharmacy in Witham, Essex, about such a scheme, the Society's Ethics Committee had recommended to Council that there was no evidence of improper activity by Boots.

Now the Council was saying that such schemes amounted to serious professional misconduct.

"Complaints have been raised by people whose interests are primarily economic and not ethical. Ethics and economics are quite separate areas and the Statutory Committee is concerned with ethical considerations – not with ring-fencing village pharmacists against a supposed threat from Boots," said Mr Beloff.

There was no doubt, argued Mr Beloff, that the charge was an attempt to restrain the trade of a respectable company. "The Committee cannot override the fundamental principle of patient choice," he added.

"There is no evidence that patients were pressurised or intimidated by their doctors – let alone by Boots – to make use of the Boots' service; or that Boots dispensed prescriptions without the patients' consent," said Mr Beloff.

Robert Webb QC for the Council said in reply: "You are effectively being asked to sanction a lowering of standards."

Boots' attitude seemed to be "Boots is best" and if it did not agree with a Council decision, it should ignore it.

Committee chairman Gary Flather QC, who had indicated that a decision would be reserved, said the case had raised very serious issues which would need close discussion.

YPG relaunches with new mission statement

The Young Pharmacists' Group has relaunched itself ten years after its birth with a new mission statement, which reads: "The YPG is committed to the development of the profession of pharmacy; dedicated to maximising patient benefit; and intent on securing the future of the profession."

Andrew Burr, re-elected chairman of the Group for 1996, says it expects to achieve these by encouraging radical thought; uniting the profession and defeating apathy through improved democratic processes; and encouraging key appointments within the Society and other pharmaceutical bodies.

The Group's main aims for 1996 will be to increase membership and raise its influence. The YPG future strategy is to:

- improve the democratic process within the profession
- reform the RPSGB
- lobby Parliament independently from the RPSGB
- encourage the RPSGB to have a forward-looking strategy
- see that the RPSGB is run more as a business with increased accountability
- influence Government charters and service standards
- seek common ground with other organisations
- achieve a stable and well managed financial strategy
- achieve better use of YPG alumni.

Reprieve for Ulster pharmacist

An Ulster pharmacist convicted of illegally possessing and selling veterinary drugs without prescription, won a six-month reprieve when the Pharmaceutical Society of Northern Ireland's Statutory Committee adjourned a decision on whether to strike him from the Register.

Ian Ball, 41, was convicted twice at a County Tyrone court: the first time for possession of Baytril 5 per cent injection, knowing it to have been imported without a proper licence; at the second court appearance, he admitted selling over 580 units of veterinary medicines, mainly antibiotics, without prescription.

Mr Ball, whose practice is in Ballygawley, pleaded guilty at both courts, and was given an absolute discharge at the first hearing, but was fined £100 with £5 costs at the second.

However, Mr Ball's solicitor said, although the inventory of drugs sold without prescription seemed large, Mr Ball was "not in it for the profit". The pharmacist had fallen into the habit of selling the drugs to farmers he knew. They promised a prescription, but it never materialised.

Mr Ball has now stopped stocking veterinary products which require prescription.

The Committee will meet again in six months. Statutory Committee chairman Timothy Ferris said that it was clear that Mr Ball's practice had fallen below the standards which are expected. He recommended Government inspectors continue to monitor the Ballygawley practice.

S M Hutchinson Chemist Ltd

We are asked to make the following points arising out of our report of disciplinary proceedings against Sydney Hutchinson of Upper Norwood, South London, for allowing his pharmacy in Camberwell to operate while unsupervised (*C&D* September 30).

Mr J Hutchinson did not at any time sell methadone to addicts. The drug was dispensed against valid prescriptions to registered addicts who had obtained their supplies from the pharmacy regularly on previous occasions and full and proper records were kept.

Royal Pharmaceutical Society inspector Stephen Lutener purchased Pharmacy items on his visit to the shop, and not prescribed items as reported.

We regret any wrong impression given by our original report.

PHARMACIST PEN PORTRAIT

Shiv Kumar Bagga

● **Qualified** in 1976 after graduating from Liverpool School of Pharmacy and then undertaking pre-reg at Boots in Woolwich, London.

● **Career** Spent six months as a relief for Boots in south east London before entering the private sector as a pharmacy manager for Harfleur Chemist in Stockwell London Underground station.

Two years later, he set up Timeyork with three other pharmacists. They opened their first pharmacy in New Cross. This was followed by three more in Peckham, Leytonstone and East Ham.

In 1984, Shiv opted out of the company and was given the 1,300sq ft pharmacy in East Ham as part of the deal, trading as S K Bagga. He says the pharmacy has been developed extensively and now has a specialist cosmetics and skin care department.

● **Projects** He is involved in a number of multi-disciplinary training initiatives run by the local FHSA, including asthma, mental health and communication skills.

● **Committees** Member of the City & East London Local Pharmaceutical Committee and the committee of the East Metropolitan branch of the Royal Pharmaceutical Society. Shiv belongs to the Pharmacy Support Group and is involved in the local branch of the National Pharmaceutical Association. He is also a pre-reg tutor.

● **Interests** Enjoys swimming and cricket and is a member of Woodford cricket club.

● **Outlook on life** "I try to be as helpful as possible to everyone and try to please most of the people most of the time."

● **Pharmacy philosophy** Shiv believes a strong independent sector is needed. He says: "The survival of the independent is most important, otherwise we'll get sucked in by the multiples and the service to patients will suffer. It is important that we try to form a co-operative approach like the PSG has done."

Topical Reflections

Harking back to those halcyon days

With Unichem following the lead of AAH, and Daniels not far behind, it does seem that all fridge lines will now become zero rated (*C&D* October 21, p600). I am also pleased that discounts continue to be uniformly eroded, because I still remember with nostalgia the days before wholesaler discounts!

Before price maintenance in the wholesale sector broke down, wholesalers enjoyed 15 per cent margins on ethical sales and community pharmacists were given 90 days' credit. Many pharmacists have forgotten those times, but if that system still existed, the average contractor would now be operating with an increased available capital of £20,000. Wholesale profits would be substantially higher and the Department of Health would not now be enjoying millions of pounds of windfall subsidy, courtesy of community pharmacy!

In those days, orders were given to a friendly lady at the end of a telephone, queries were handled by a manager whose wealth of pharmaceutical knowledge more than matched my own and every member of my wholesaler's staff was personally known to me. Can you imagine dictating a long telephone order to today's girls, where their total knowledge is contained within the flickering images of their VDUs? Now my computer talks to theirs and, if one of them falls ill, chaos ensues!

I know I cannot turn back the clock, and that the current mega depots are the ultra-efficient product of competition and computerisation, but I still sometimes yearn for that small, friendly wholesaler just around the corner.

Script tax takes another knock

Cyril Richardson, a retired college lecturer, has certainly driven a coach and horses through the Government's prescription tax, with his recent ruling from the European Court of Justice that age discrimination between men and women breaches European law. To its credit, the Government has immediately acceded to the decision, but this ruling once again highlights the discriminatory nature of the prescription tax.

The concept of an NHS 'free at the point of delivery' is now frayed around the edges, but even I have to admit that the demand for health resources is unsustainable and so has to be limited.

Ideally, any charge should be per medical consultation, but if a script tax is the only politically acceptable alternative, then it should be levied more broadly, but at a lower rate. The result would then be a financial incentive to use the free alternative sources of informed advice offered by community pharmacists.

That consultation might recommend the purchase of an OTC medicine, a referral to the GP or 'just good advice'. Whatever, the more clients who use pharmacy for their initial consultation the more resources will be released to the rest of the NHS and the more viable community pharmacy itself will become.

Colds and confusion

Now that ibuprofen has been added to the list of drugs manufacturers are able to permutate in their pursuit of the ultimate cold cure, the number of competing products and strengths is becoming confusing. And that is to me – the consumer must be completely bewildered.

Only this week, Reckitt & Colman has launched another variant of Lemsip, this time with ibuprofen. Smithkline Beecham has followed a previous Lemsip ploy by actually including a therapeutic dose of paracetamol in its new Flu-Plus hot lemon powders. Quite why a cold only deserves 600mg of paracetamol when flu should receive both barrels at 1,000mg has never been satisfactorily explained. However, since this is still a GSL product, I am sure the friendly Asda checkout girl will be happy to oblige!

This deliberate policy of expansion and fragmentation by using the same brand name to sell so many different formulations not only leads to inappropriate purchasing but must also increase the risk of accidental poisoning. I have no objections to genuine advances in formulation, and I understand the necessity for brand competition, but rationalisation of ranges must also occur before yet another damning coroner's report makes front-page news.

Orange overdrive

Seven Seas has reinforced its Haliborange range with the launch of a new variant – Haliborange High Strength Vitamin C Plus Natural Bioflavonoids and Vitamin E.

According to the company, the 20mg of natural bioflavonoids in the new tablets helps the body absorb their 500mg of vitamin C more efficiently, while the 10mg of vitamin E works with the latter as an antioxidant, "helping maintain the health of the immune system".

Seven Seas is backing Haliborange High Strength with more than £250,000 of advertising, sampling, POS material and promotions. It is kicking off the campaign with full 'cross track' advertisements on the walls of London Underground stations.

Seven Seas Health Care Ltd. Tel: 01482 375234.

Winter Wellness

Earthforce is introducing an American cold weather supplement, Wellness, to the UK.

Part of the Source Naturals range, Wellness contains 21 ingredients (including vitamins and minerals) to protect from colds, coughs and flu. Herbal extracts incorporated in the formulation include: echinacea, Siberian ginseng and garlic.

Earthforce is currently promoting the product with a 10 per cent discount for stockists in a promotion which is to run for four weeks.

Wellness is available in two sizes: 45 tablets (rsp £7.99) and 90 tablets (rsp £14.99).

Earthforce. Tel: 01232 458785.

Keeping kids mighty active

Minadex has published a compendium of puzzles, rhymes and competitions to keep kids active as they recover from illness.

The 'Mighty Minadex Activity Book' can be given free to customers with bottles of Minadex and is being distributed by the Seven Seas' sales force. A display unit is available to pharmacists.

This winter, Seven Seas is also backing its children's tonic with the established 'Bounce back to health' advertising campaign, which features the Mighty Minadex cartoon character.

Seven Seas Health Care Ltd. Tel: 01482 375234.

Redoxon relaunch

Vitamin C supplement Redoxon is being relaunched in bright new packaging.

In bold tones of orange, purple, blue and yellow, the new-look Redoxon will be backed by a major media and marketing campaign this winter, says manufacturer Roche.

● Vitamin C is the fastest-growing sector of the vitamin, mineral and supplements market and last year grew by 15 per cent (AGB All Outlets, June, 1994-June, 1995).

Roche Consumer Health. Tel: 01707 366000.

Fat-free vitamin first for Quest

Quest has succeeded in removing hydrogenated fat from its range of vitamin products.

Revised hydrogenated fat-free formulations will become available from the end of the year and all Quest labels will carry the disclaimer, 'Contains no hydrogenated fats'. Selected products will also feature a logo to promote the industry 'first' further.

In the timed-release products Super Once A Day, Mega B-100 and Vitamin C 1,000mcg, Quest has developed a process of using lecithin and a cellulose derivative as a release agent.

Quest Vitamins Ltd. Tel: 0121 359 0056.

Memories are made of this ...

Lichtwer Pharma is launching a new Ginkgo biloba supplement.

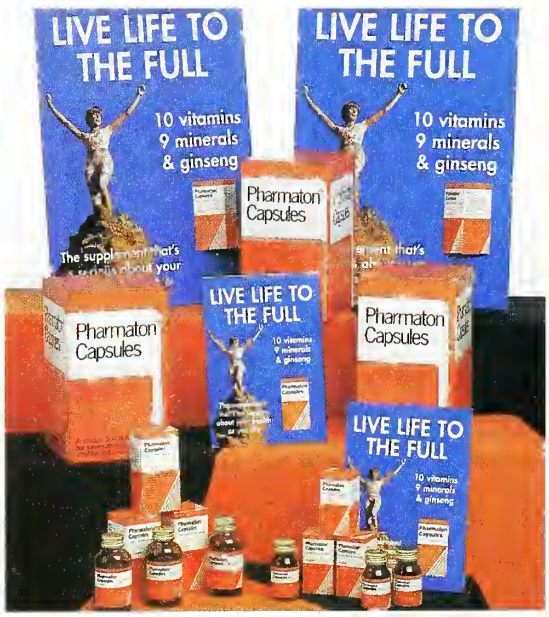
Ginkyo contains a concentrated, standardised extract of the Ginkgo biloba plant (50mg per tablet), which is known for its circulatory benefits, helping the functions of memory and concentration.

Available in packs of 30 and 90 tablets, with respective retail prices of £9.95 and £19.99, the recommended intake is three tablets daily.

The launch is being supported by a £750,000 national advertising campaign.

Lichtwer Pharma UK Ltd. Tel: 01628 605275.

Window displays that pay



Windsor Healthcare has produced new POS displays for its Pharmaton Capsule vitamin supplement and launched a competition to back the brand that could win pharmacists £100.

The POS material uses the same picture that appears in Pharmaton press advertising, with the aim of capitalising on the impact of the ad campaign. It includes showcards, orange and black drapes, dummy packs and bottles.

The competition challenge for pharmacists is to use these sales aids in a window display for Pharmaton. Entry forms (available from Windsor representatives) and photographs of the window must be sent in before November 27. There will be a winner in each of Windsor's sales territories and every entry gets a £5 Marks & Spencer voucher.

Windsor Healthcare Ltd. Tel: 01344 484448.

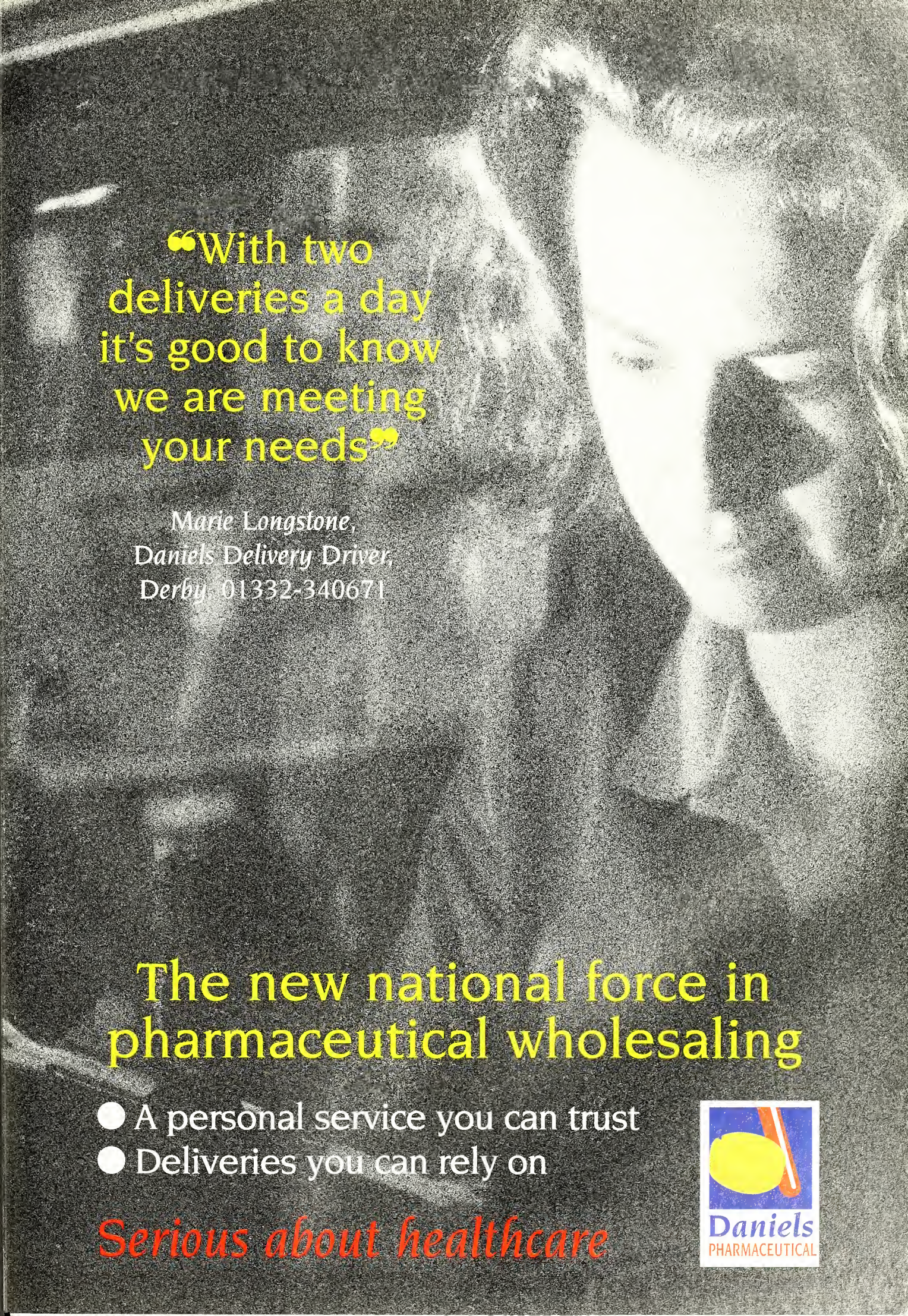
Heinz feels at home with babies

Heinz is launching a series of magazines targeted at mothers and mums-to-be.

Issue one of 'Baby At Home' is mailed to expectant mothers; issue two to mothers around the time of birth; while three and four are for mothers with babies aged from three and a half months and five and a half months respectively.

Enclosed in the mailings are free samples, coupons and baby care information.

H J Heinz Co Ltd. Tel: 0181 848 2193.


"With two deliveries a day it's good to know we are meeting your needs"
Marie Longstone,
Daniels Delivery Driver,
Derby. 01332-340671
The new national force in pharmaceutical wholesaling
A personal service you can trust
Deliveries you can rely on
Serious about healthcare
Daniels
PHARMACEUTICAL

Unichem opts for exotic approach

Zi is the new exotic body care range from Unichem.

The Mandarin word 'Zi' comes from the Oriental belief that life must be lived in accordance with the rules of nature.

The range includes shower gel, foam bath and moisturising hand and body lotion in six fragrances: Wild Tayberry, Apple & Gooseberry, Peach & Apricot, Dewberry, Evening Primrose and White Musk.

Available from the beginning of November, all products in the range will retail at £1.69.

● Throughout November and December, Unichem is offering discounts on 51 fragrance lines.

Unichem plc. Tel: 0181 391 2323.

All systems go for new Lynx

Lynx Systeme is being relaunched with a new look and an emphasis on its skin caring proposition.

Now to be known as Lynx Skin Systeme, green banners on packs feature the words 'Skin Systeme', set against the silver and black packaging. Other phrases, such as 'protective formula' and 'with advanced lubricants', are also highlighted.

Elida Gibbs Ltd. Tel: 0171 486 1200.

Soak and swagger

Denwood Bath Soaks is a new range of aromatherapy-based products.

There are three soaks in the range, all contain essential oils: Stimulating & Invigorating (incorporating mandarin, lemon and orange oils); Calming & Relaxing (cedarwood, vetiver and patchouli); and Pain Relieving (with eucalyptus, camphor, clove and peppermint). They retail at £6.95.

RBP International Ltd. Tel: 0181 339 0029.

Beat those battery blues

Duracell will be helping consumers to avoid the Christmas battery blues with a repeat of its Dial-A-Cell telephone holiday hotline.

The hotline service lists battery retailers open on Christmas Day and Boxing Day.

Retailers wishing to register for Dial-A-Cell should contact their local Duracell representative or:

Katherine Selby at MDPR. Tel: 01892 510984.

Perfection perfected

L'Oreal has developed its Perfection cosmetics range with the addition of new eyeshadows, foundation and concealer.

The new Crea Couleur eyeshadows are available in 12 mono shades divided into three categories – Shadows, Highlighters and Neutral Enhancer. They come complete with sponge applicator and retail at $2.99.

The Mattique "naturally illuminating" matt foundation is already said to be a best-seller in the US and is available in this country in five shades. It retails at $4.49.

The last addition to the L'Oreal range, Magic Conceal concealer, includes a patented precision-tip applicator and sells for $3.99.

L'Oreal. Tel: 0171 937 5454.

Mascara-free lipstick

Collection 2000 is giving away free lipstick with its Colour Lash Mascara.

The offer will be launched in December to catch the Christmas "rush for party make-up".

The give-away lipsticks are in six shades and banded to all Colour Lash Mascara sold in black (No 1).

The offer packs are presented on selfasta trays of 48 and retail at £1.19, representing a trade margin of 34 per cent.

Collection 2000. Tel: 01695 50078.

Sheer Colour price slice

Outdoor Girl is cutting the price of its Sheer Colour Lipsticks in January.

The range will be reduced by 50p to £1.35 and the offer will run for eight weeks, or as long as stocks last.

Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.

On your marks for teen skin

Clearly Beautiful has introduced a new skin care range specifically for troubled teenagers.

Ready, Steady, Go! comprises a cleanser, toning gel and moisturiser presented in a clear pouch. It retails at £4.95.

Point of sale material is available and comes with orders of six packs.

Clearly Beautiful. Tel: 0181 810 7000.

Skin care range flowers at Fleur

Aromatherapy company Fleur is launching its own skin care range.

It comprises: cleanser (incorporating lavender and geranium essential oils), milk cleanser; skin toner; and three moisturisers (the normal variant uses lavender, geranium and grapefruit oils; the dry camomile; and mature/ageing has sandalwood, rose, frankincense, myrrh, lavender and geranium oils). Prices range from £5.50 to £10.95.

Fleur is currently offering a special introductory 20 per cent trade discount on all skin care products.

Fleur. Tel: 0181 444 7424.

Remove and keep this sticker to obtain a free gift from your Reckitt & Colman representative.

Reckitt & Colman Pharmaceuticals

RECKITT & COLMAN PRODUCTS

Jumbo Efamol

A new jumbo 250-capsule pack of Efamol Original evening primrose oil and Efamol Marine are now available, priced at £18.99 and £19.99 respectively.
Efamol Ltd. Tel: 01483 304441.

M&S incentive

Free Marks & Spencer vouchers are up for grabs from Unichem on all purchases of counter offers (excluding Pharmacy-only medicines, medical/surgical lines and greetings cards). This will mean vouchers to the tune of 2 per cent of the total order spend.
Unichem plc. Tel: 0181 391 2323.

Model turn

Top model Linda Evangelista is the new face for Clairol Ultress. She is to star in a new £2 million TV advertising campaign which breaks in November. Her debut also marks the introduction of Ultress Ultracolor Care Conditioner.
Bristol-Myers Co Ltd. Tel: 01895 628000.

Brush up

Colgate toothbrushes now account for 14.6 per cent value share of the market, according to Infoscan data (four weeks ending September 10, 1995), which is 50 per cent up on the previous month.
Colgate-Palmolive Ltd. Tel: 01483 302222.

Vitamin A alert

A new study draws attention to possible risks of ingesting high doses of vitamin A in pregnancy. Consequently, the Health Food Manufacturers Association has recommended that all products containing more than 800mcg of vitamin A must carry a warning for pregnant women.

Energizer cashback

Energizer is offering customers the chance to claim £2 back in cash on special packs available from October 30.
Ever Ready Ltd. Tel: 0181 882 8661.

GPs opt for Simple

Smith & Nephew claims that more than 1,000 GP surgeries have responded to its latest promotional and information campaign for Simple and Cidal skin care products.

The company sent out a range of fact sheets, booklets and sample packs to doctors nationwide on the basis that an estimated 15 per cent of their time is spent dealing with patients suffering from skin complaints.

The information packs also included a prize draw for a two-night stay in a health resort.

"The 1,000 responses we got were a mixture of entries for the draw and requests for further information about Simple and Cidal," says the company.
Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

Sartorial Santa

Display specialist DZD is offering a cut-price Santa suit for pharmacists to dress up their Christmas windows.

The Santa suit costs £70, and includes hood, belt, beard and toy sack, and, says the company, "looks great on a mannequin".
DZD. Tel: 0171 388 7488.

Polaroid prices

From November 1, Polaroid Type 600 Plus film is on offer at $9.99 for a single pack and $19.49 for a twin.

The price deal will be supported by national TV advertising throughout November and December.
Polaroid (UK) Ltd. Tel: 01582 632209.

ON TV NEXT WEEK

Bazuka: GMTV

Ibuleve Gel: C4

Ibuleve Spray: C4

Imodium: All areas

Nivea Visage: All areas

Otex Ear Drops: C4

Pearl Drops (baking soda): B, G, C, A, M, GMTV

Rennie Rap-Eze: All areas

Seven Seas Cod Liver Oil: C4, SC4

Wrigleys: All areas

Wisdom Contour: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Slim and single

3M has introduced a new range of slim-line, single-use cameras.

The Scotchcolor Mini Slimline Single-use Camera is available in two formats – indoor (integral flash) and outdoor – with the daylight version weighing in at 90g, and the flash at 140g.

Both come pre-loaded with 27 exposures of Scotchcolor EXL Plus 400 film. The flash version retails at $8.99, with the daylight camera coming in at $5.49.
3M UK plc. Tel: 01344 858682.

Spray-on clarity

Following its success in the US, Plexus spray-on plastic cleaner and protector for glasses, goggles and visors has been introduced to the UK by Skyline Aerosystems.

The liquid is claimed to help keep dust off plastic lenses and to protect them from scratching by coating the surface with a "micro-thin" coating of wax.

Plexus is available in a counter-top display containing 24 12g spray cans. It retails for £2.99 per can.
Skyline Aerosystems Ltd. Tel: 01400 273031.

Jenks takes a bite out of sun care

Pioneer Biosciences has appointed the Jenks Group to distribute its Sun & Bite and Protec sunscreen and insect repellent ranges in a bid to take a larger chunk of the UK market.

"This is an exciting opportunity for the pharmacy trade," says the Jenks Group's business development manager, Glynnis Davis. "Our aim is to expand distribution greatly so that consumers can be aware of these products and try them."

Sun & Bite is available in four protection factors from four to 30 and the range also includes an after sun. Prices start at $7.95 for a 200ml pack.

Protec insect repellent retails at $4.99 for a 100ml spray or lotion.
The Jenks Group. Tel: 01494 442446.

Even fewer tears from J&J

Johnson & Johnson says its improved formula Baby Shampoo is even less likely to cause tears at baby's bathtime.

The new version has an added natural ingredient, which, the company maintains, helps soothe and protect the scalp.

The shampoo is available in 200, 400 and 600ml bottles, (£1.15, £1.89 and £2.39).
Johnson & Johnson Ltd. Tel: 01628 822222.

Complan in the newspapers

Heinz is to run a nationwide, regional newspaper sampling exercise for Complan in November.

Running on 14 high-circulation titles, the promotion will cover all six Complan varieties (Original, Strawberry, Chocolate, Banana, Vanilla and Chicken), with a potential sample distribution of 85,000.
H J Heinz Co Ltd. Tel: 0181 848 2193.

CLEARLY AN IMPROVEMENT

- New CFC-free pump-action.
- New see-through container. Now you can see how much is left.
- No price change.

NEW **Nitrolingual® Pump**

glyceryl trinitrate spray

Added benefits at no extra cost.

NITROLINGUAL PUMPSPRAY

Prescribing information Presentation: 400 micrograms glyceryl trinitrate per metered dose. It also contains ethanol. **USES:** For the treatment and prophylaxis of angina pectoris and the treatment of variant angina. **Dosage:** *Adults and the Elderly.* At the onset of an attack, one or two 400 microgram metered doses sprayed under the tongue. No more than three metered doses at any one time, minimum interval of 15 minutes between consecutive treatments. For the prevention of exercise induced angina, one or two 400 microgram metered doses sprayed under the tongue immediately prior to the event. *Children.* Not recommended for use. The spray should not be inhaled. Patients should familiarise themselves with the method of administration. During application the patient should rest, ideally in the sitting position. **Contraindications:** Hypersensitivity to nitrates or other constituents, hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, use in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregancy and lactation:** Not generally recommended. **Effects on ability to drive and use machines:** Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. **Overdose:** Recovery often occurs without special treatment. Hypotension may be corrected by elevation of the legs to promote venous return. Methaemoglobinaemia should be treated by intravenous methylene blue. Symptomatic treatment should be given for respiratory and circulatory defects in more serious cases. **LEGAL CATEGORY** - Pharmacy. **PACKAGE QUANTITIES and NHS Price** Bottle of 11.2g of solution equivalent to approximately 200 doses £4.10 at 23/5/95. **PRODUCT LICENCE NUMBER** 0375S9/0042

Further information is available on request from:
Lipha Pharmaceuticals Limited, Harrier House, High Street, Yiewsley, West Drayton, Middlesex UB7 7QG
Date of preparation: June 1995
LIP 448

MERCK

Lipha

MEDICALmatters

SCRIPT SPECIALS

Comfeel Plus

Comfeel Plus Ulcer Dressing is now available on the Drug Tariff. It is indicated for leg ulcers, pressure sores and superficial partial thickness burns. Alginate and the adaptive polyurethane makes the new hydrocolloid twice as absorbent as traditional hydrocolloids. Comfeel Plus is available in 10, 15 or 20cm sq.
Coloplast Ltd. Tel: 01733 392000.

Allevyn Adhesive

Smith & Nephew has achieved Drug Tariff status for Allevyn Adhesive hydrocellular wound dressing six months after the product's launch into hospital. It is available in four sizes 7.5, 12.5, 17.5 and 22.5cm squared. Packs of ten dressings have basic NHS prices of £11.20, £20.20, £39.80 and £57.90 respectively.
Smith & Nephew Healthcare Ltd. Tel: 01482 222200.

Schering pills

As a result of the CSM warning on certain oral contraceptives, Schering says stock levels of Triadene, Femodene and Femodene ED may be excessive and the company is taking back any unopened stocks of these pills up to December 15. Customers are asked not to return these supplies during the next two weeks, when the company is dealing with orders for replacement stock. To meet increased demand for Microgynon 30 and Logynon the company is increasing production of these products and is asking that only one month's supply is initially dispensed.
Schering Health Care Ltd. Tel: 01444 232323.

Help from Wyeth

Following the CSM warning involving Minulet and Tri-Minulet, Wyeth is asking that patients being switched to alternative Wyeth pills, Ovranette and Trinordiol, be prescribed one month's supply initially to help stock flow. For more information pharmacists can contact the Freefone medical information line (0800 318137) or stock enquiries hotline (01628 414871) between 9.00am and 5.00pm on weekdays.
Wyeth Laboratories. Tel: 01628 604377.

Benefits of breastfeeding

Further evidence of the long-term benefits of breastfeeding are published in *The Lancet*. A follow-up study over 17 years concluded that breastfeeding is prophylactic against atopic disease – including atopic eczema, food allergy and respiratory allergy – and that the protective effect extends into the child's late teenage years.

Researchers followed up 150 babies during their first year of life and at ages one, three, five, ten and 17 years to assess the effect of breastfeeding on atopic conditions.

The babies were divided into three groups: prolonged (more than six months of breastfeeding); intermediate (one to six months); and short or no (less than one month).

Prevalence of eczema at ages one to three years was at its lowest in the prolonged breastfeeding group, prevalence of food and respiratory allergies was highest in the little or no groups at ages one to three years. At 17 years, the atopy prevalences in the prolonged, intermediate and little or no group were 42, 36 and 65 per cent respectively, and for substantial atopy 8, 23 and 54 per cent.

At 17, the differences due to infant feeding were more pronounced, suggesting that an influence of early milk feeding may even exceed the hereditary factor.

Reappraisal for insomnia management

The impending blacklisting of temazepam capsules from January 1 provides health professionals with an opportunity to reappraise management of insomnia, according to Malcolm Lader, professor of psychopharmacology at the Institute of Psychiatry.

He told a meeting in London that the Department of Health has failed to provide healthcare professionals with any guidance on managing patients currently on the capsules. A recent small survey suggested some GPs may consider going back to nitrazepam, which is associated with hangover effects and impaired performance the next day, or chloral, which is very cheap but can cause severe side-effects and depression.

He described newer hypnotics, such as zolpidem and zopiclone, as safer alternatives which are dearer but may be 'cost effective'.

Compliance in hypertension

Although failing to take antihypertensive medication correctly can lead to myocardial infarction and stroke, poor compliance is still a major problem largely due to the asymptomatic nature of the condition.

It is estimated that a patient needs to take 80 per cent of their antihypertensive medication for it to have a therapeutic effect. Despite this, over half of patients stop taking their antihypertensive medication during the first year and, of the remainder, only two-thirds take their medication regularly enough to control blood pressure.

Research carried out by Dr Peter Meredith of the Western Infirmary used a microchip mounted in the cap of the pill bottle to monitor compliance. His results suggested that only 30 per cent of patients comply satisfactorily by taking 80-90 per cent of prescribed doses, and one in six patients is very poorly compliant, taking only 40 per cent or less.

Compliance also has dimensions of time. After two months, 90 per cent of patients exceeded 80 per cent compliance. At six months, this had fallen to 57 per cent and after a year it was only 41 per cent.

Side-effects are major reasons for discontinuing antihypertensive therapy, according to Dr Charles Broomhead, a GP from the West Midlands.

Speaking at a meeting in London about the problem of compliance, Dr Broomhead said patients will put up with side-effects if they recognise the importance of therapy, so good communication is essential. The information about the medication must be presented to the patient very clearly – more than 50 per cent of prescriptions for people over 65 years read 'Take as before' or 'Take as directed'.

Bulletin recommends Cozaar as second line

Until data are available on the long-term efficacy and unwanted effects of losartan (Cozaar), its use should be restricted to patients who have failed to respond to, or cannot tolerate, a thiazide diuretic and/or a betablocker, and for whom the cough, commonly associated with ACE-inhibitors, is unacceptable, says the latest *Drug & Therapeutics Bulletin*.

Losartan is a new class of antihypertensive which exerts its action by blocking angiotensin II receptors. Stimulation of subtype 1 receptors (AT1) by angiotensin II, causes vasoconstriction, as well as the synthesis and secretion of aldosterone, leading to an increase in blood pressure. In the body, losartan is converted to an alpha-carboxylic acid metabolite, which is a non-competitive AT1 antagonist.

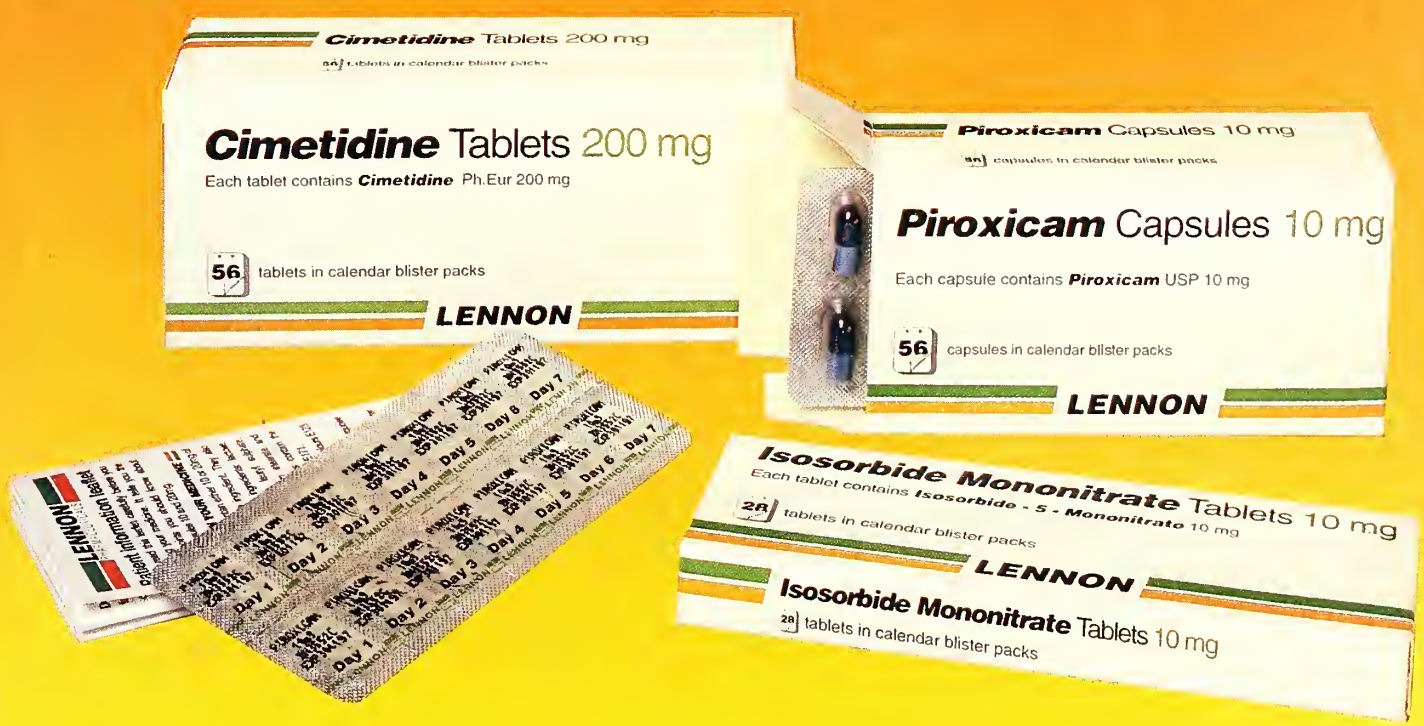
Losartan was found to be as effective as both atenolol and enalapril in lowering blood pressure in mild to moderate hypertension and seems less likely than ACE inhibitors to cause cough.

Generic erythromycin still cheapest and best

Prescribers should use the cheapest erythromycin preparation available, until the clinical superiority of any other preparation has been established, says the *Drug & Therapeutics Bulletin*.

There are over 15 different oral preparations of erythromycin, including film-coated tablets, enteric-coated pellets in gelatin capsules and granules. According to the *Bulletin*, there is no clear evidence yet that any is superior in terms of safety and efficacy.

PERFECT PACKAGE



- Lennon Pharmaceuticals' individually blistered calendar packs contain full patient information leaflets to comply with European Directive 92/27/EEC.
- Lennon calendar packs only take a minute to dispense, saving you time.
- Lennon individual packaging helps build patient loyalty.
- With Lennon Pharmaceuticals you get exactly what you order including daily deliveries.
- Lennon Pharmaceuticals provide a quality range at competitive prices – a perfect package.

Call our Helpline on **01484 608886** for an explanatory booklet on the EC Directive.

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BECAUSE YOUR TIME IS INDISPENSABLE

LE007/95

PUMP UP THE VOLUME!

Z Original tube, the no. 1 selling pack in pharmacy medicines market* is joined by new controlled-delivery pump for maximum portability and ease of use.

Z Maximise your profits by offering the only choice for cold sore prevention. Original tube for efficacy trusted by millions - or new pump, extra convenience that's ideal for frequent sufferers.

Warner Wellcome
CONSUMER HEALTHCARE

The only product where early use can prevent a cold sore appearing

ESSENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. **USES** Cold Sore treatment. **DOSAGE AND ADMINISTRATION** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **CONTRA-INDICATIONS, WARNINGS, ETC** *Contra-indications:* Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. *Precautions:* Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. *Side and adverse effects:* Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **RETAIL SELLING PRICE** *Subject to Retail Price Maintenance* 2g tube - £5.29, 2g pump - £5.99. (PL 3/0304) **LEGAL CATEGORY** P. Further information available on request: Medical Affairs Department, Warner Wellcome Consumer Healthcare, Building 29, Temple Hill, Dartford, Kent, DA1 5AH. **DATE OF PREPARATION** October 1995 BQCD 92/02. ZOVIRAX is a trademark of Glaxo Wellcome PLC. *A.C. Nielsen M/J 1995.

CHEMIST & DRUGGIST
THE NEWSWEEKLY FOR PHARMACY

CO-SPONSORED BY
Seton Healthcare

Strong analgesics

Seminar
Accredited by the College of Pharmacy Practice
No 31

This is the 31st *Chemist & Druggist* training seminar for pharmacists and their assistants, sponsored jointly with a company having a particular expertise in the title subject

Pain implies damage – and pharmacists have a key role in advising on both symptom and pain control. Dr Chris Steele examines the complexities of pain and discusses the variety of analgesic agents on the market providing relief at different levels of pain

Putting pain in perspective

Pain is a single word used to describe an immense range of sensations. It is impossible for a pharmacist or doctor to know exactly what a person is experiencing. It is completely subjective. For example, what produces mild discomfort for one can be almost unbearable for another.

Pain falls into two categories, acute and chronic – both of which can be subdivided, in turn, into severe, moderate to severe, and mild to moderate.

Acute pain is the symptom of an injury, disease or disorder which by definition gets better. It acts as a warning that something, somewhere in the body, has gone wrong and requires immediate attention, and which, if ignored, could lead to further injury. Examples of conditions which fall into the acute category include dental pain, post-operative pain, obstetric pain, period pains and other accidental strains and sprains.

In contrast, chronic pain persists relentlessly. It can be protracted, lasting 24 hours a day, and may go on for years. Cancer is one of the most obvious causes. Other conditions which cause chronic pain include osteo-arthritis and rheumatoid arthritis.

Strong analgesics

While the body does its best to conquer pain naturally, it often needs a helping hand. Broadly speaking, analgesics fall into two categories, acting either centrally or peripherally, to eliminate pain.

Those which act peripherally include simple analgesics, such as aspirin and paracetamol; while drugs which act centrally on pain receptors in the brain include the opiates, such as diamorphine, codeine and morphine, and strong combination or dual action analgesics. For the purpose of this paper we are concerned with oral analgesics.

The three main groups of analgesic contain aspirin, paracetamol or ibuprofen.

- Aspirin is the most widely used preparation and has been around for nearly 100 years. It is a peripherally-acting, simple analgesic which disrupts the manufacture of prostaglandins that are involved in producing pain. It has an anti-inflammatory action and is often recommended for the relief of a broad cross-section of conditions.

Side-effects: Its main side-effects are gastric bleeding and irritation of the stomach lining. However, special formulations have been developed to minimise these effects. A few patients are allergic to aspirin, which may cause bronchospasms and skin reactions, particularly asthmatics.

- Paracetamol – first introduced on prescription in 1956. By the late 1960s it was widely available as an

OTC drug. Paracetamol is a peripherally-acting analgesic, and it may also have central effects. Paracetamol acts both to relieve pain and to reduce temperature (anti-pyretic).

Side-effects: Paracetamol has very few side-effects. Patients with liver or kidney disorders should avoid paracetamol. However, unlike aspirin, it does not have any gastric complications, and it does not affect the blood's ability to clot.

● Ibuprofen: First introduced on prescription in the late 1960s, and from 1980 became widely available as an OTC medication. Similar to aspirin, it acts peripherally and gives an anti-inflammatory action. It is perceived as being equal or superior to aspirin. Ibuprofen can be used to treat headache, migraine, period pains, toothache, colds and fever.

Side-effects: Ibuprofen is generally well tolerated and has a good safety record but, while it is gentler on the stomach than aspirin, it is not recommended for use by those with gastric problems, and can inflame stomach ulcers.

Strong combinations

Stronger combination analgesics are available, containing small amounts of opioids, like codeine or dihydrocodeine, combined with aspirin or paracetamol, and offering the patient a stronger way to fight pain.

Dihydrocodeine belongs to the family of drugs called 'opioids', as do morphine and codeine. It is classified as a 'weak narcotic' and ranks above paracetamol, aspirin, ibuprofen and codeine, but below the much more powerful pain reliever morphine. The latter is used routinely in patients with severe, chronic pain.

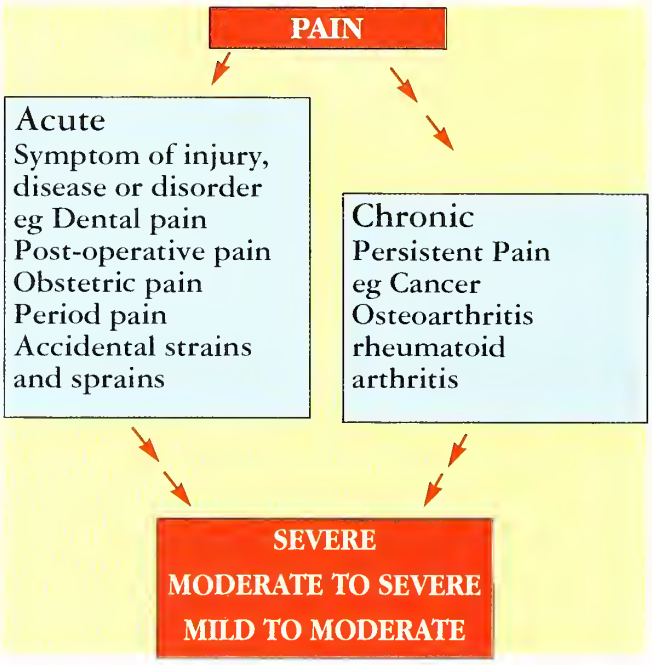
Codeine is the closest relative of dihydrocodeine within the family of opiates. However, weight for weight, dihydrocodeine offers more effective pain control for moderate to severe pain, where the simple analgesics have failed to offer pain relief.

Syndol combines paracetamol and codeine phosphate along with caffeine and doxylamine succinate, and offers pain relief for tension headaches; and co-codamol combines codeine phosphate with paracetamol, giving relief for mild to moderate pain.

Paramol tablets, for example, combine two effective painkillers in a unique formulation containing paracetamol and dihydrocodeine. It is the first OTC preparation to contain dihydrocodeine.

While many codeine-containing products are available, the increased potency of dihydrocodeine offers consumers the first genuinely different all-round OTC painkiller for a decade and gives pharmacies a powerful new weapon to manage pain.

The two categories of pain



Purveying potent OTC medicines

Pharmacists occupy a unique position. They are the only licensed distributors of modern, potent painkillers. We know from surveys in this country and abroad the confidence the public has in their community pharmacist – higher than in vicars, and miles higher than in their GPs. But that's not all. Government has felt confident to place the safety of the public squarely in the hands of the profession, and has licensed us to distribute the medicines they deregulate from Prescription-only (POM) to Pharmacy-only sale (P). Community pharmacist Jeremy Clitherow sets out the pharmacy role in pain control

Over six million customers visit pharmacies every day; eight million UK citizens suffer with muscular pain; 90 per cent of the world's population has a headache at least once a month; five million teeth are pulled out each year in the UK alone, and there are 250,000 people off work with back pain every day.

What do these customers ask? They want to know what is available on the market. Is there anything new? Can I take these with my blood pressure tablets and – probably the most commonly asked question of all – can I have a drink with these?

We also supply the information on incompatibilities, duplication of ingredients, side-effects and, most of all, the properties of the various painkillers.

Open all hours?

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Of the 250,000 people off work with back pain every day, many will have 'acute backs' and not be on prescription medicines. They will self-medicate, often unwisely, and could easily duplicate the dose of the active ingredient in two separate preparations ... 'Paracetamol didn't shift it, so I took a Coproxamol as well.'

Analgesic preparations have grown in complexity and range over the years. Inevitably, community pharmacists now have to decide whether or not to stock the whole range – 'The XYZ family' – of medicines or whether to use their professional judgment and restrict their stockholding to

PHARMACY update

End of the miracle?

It is almost 18 months since *Newsweek* inspired headlines like 'Antibiotics: the end of miracle drugs?' – presenting evidence which could terrify the average member of the public.

From a British perspective, this was somewhat over the top. That is not to say we do not have any problems – the micro-organisms which are a growing threat are listed in Table 1.

The reasons for this list growing over the past few years are many. However, the major issues must be the irresponsible use of antibiotics, both in hospital and general practice.

In the hospital these agents are initiated, often without much thought, evidence or logic, while in general practice, the FP10 is being written to treat the patient, not the infection.

In our cost-cutting frenzy we are still giving out antibiotics, but at lower doses, and for a shorter time. We seem to be forgetting the basic pharmacology of these agents. It is clearly nonsensical to prescribe the same course of antibiotics to an eight-stone lady as to an 18-stone labourer. Sub-optimal dosing leads to one thing – bacterial resistance.

Antibiotic action

Before we can understand the issue of bacterial resistance, it is important to realise that by using antibiotics we employ several different ways to kill the organism (see Table 2).

The ability of bacteria to develop resistance to antibiotics has haunted microbiologists for over 50 years. However smart we believe we are, the bacteria have regularly shown themselves to be considerably smarter. This in no small part is due to their replication time of 20 minutes. Coupled with their alarming promiscuity, it allows them to capitalise on useful, protective genetic changes.

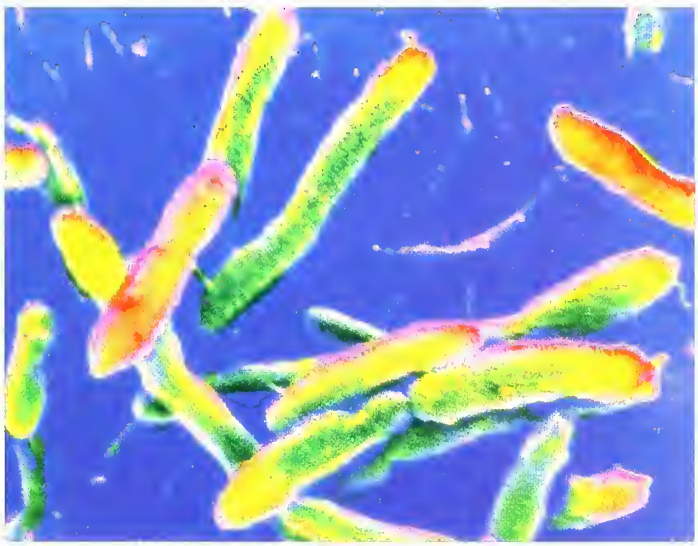
Resistance may already exist within the genetic make-up of the micro-organism via intrinsic resistance or the mechanism(s) may be acquired through exogenous genetic material. This acquired component may confer single or multiple resistance mechanisms.

The conferral of beneficial genes can take place via one of two routes – chromosomal or plasmid mediated transmission.

The first approach merely means that a gene is transferred to a daughter progeny, while the latter mechanism allows transfer, not only to daughter cells, but also to other cells to which it can become attached and transfer the plasmid.

Clearly, plasmid mediated resistance is more significant in numerical and epidimiological terms. The only class of antibiotics not yet found to have plasmid mediated resistance is the quinolones, (eg ciprofloxacin). All the other major classes possess mechanisms borne on a plasmid.

These plasmids not only skip among Gram-negative species, such as *E coli* to *Proteus* to *Serratia*, but recent evidence has shown that movement can occur from Gram-positive to Gram-negative species. The prospect of *staphylococci* and *streptococci* acquiring resistance mechanisms from the Gram-negative species which lurk in our hospitals is indeed frightening.



Institut Pasteur/CNRI/Science Photo Library

An *Alcaligenes ruhlandii* cluster, resistant to a number of antibiotics

The late 20th century has been dominated by the fight against infection which, until now, has seen mankind the victor. But don't get complacent, warns Bayer's scientific relations specialist, Glenn Tillotson

Table 1: UK pathogens with resistance problems

Staphylococcus aureus (hospital)	Methicillin, aminoglycosides, all but glyopeptides
Haemophilus influenzae	Amoxycillin, tetracycline, macrolides, chloramphenicol
Streptococcus pneumoniae	Macrolides, tetracycline
Eschericia coli	Amoxycillin, trimethoprim
Klebsiella sp	Penicillins, cephalosporins, aminoglycosides
Pseudomonas aeruginosa	Penicillins, cephalosporins, quinolones (in cystic fibrosis patients)
Enterococcus sp (hospitals)	Aminoglycosides, amoxycillin, glycopeptides

Resistance options

In broad terms there are four resistance mechanisms borne by bacteria.

- **Altered target site**

This is a modification of the 'lock and key' principle. By virtue of changing one molecule, a significant

Continued on PII ▶

Table 2: sites of antibiotic action

Target	Antibiotic
Dissolve cell wall	Penicillins, cephalosporins
Prevent RNA synthesis	Erythromycin
Prevent protein synthesis	Tetracycline, aminoglycoside
Stop DNA synthesis	Quinolones
Stop essential metabolism	Trimethoprim, sulphonamide

Table 3: likely bacterial pathogens in community

Infection	Organisms encountered
Upper respiratory (sinusitis/otitis media)	*Haemophilus influenzæ*, Streptococcus pneumoniae, Moraxella catarrhalis, Staphylococcus aureus*
Pharyngitis	*Streptococcus pyogenes* (group A)*
Lower respiratory (bronchial) (pneumonia)	*Haemophilus influenzæ*, Moraxella catarrhalis, Streptococcus pneumoniae Streptococcus pneumoniæ*, Mycoplasma pneumoniæ, Haemophilus influenzæ*
Urinary tract cystitis/pylonephritis	*Eschericia coli*, Klebsiella* sp, *Proteus* sp, *Enterobacter* sp

* Indicates predominant pathogen

◀ *Continued from P1*

change in the structure of the site of activity can occur. For example, the alteration of one molecule in the sub-unit of the RNA ribosomal sub-units (23s) can induce resistance to the macrolides, such as erythromycin.

Other examples of this type of change include alteration of the penicillin-binding proteins found within the cell-wall, leading to penicillin resistance; or a single base-pair change in the enzyme DNA gyrase may render an organism resistant to the quinolones.

● **Bacterial enzymatic attack**

Bacteria have constantly been producing a wide range of enzymes as a means of protection or obtaining foodstuffs from the environment. Some of these enzymes have conferred a remarkable benefit, such as the beta-lactamases. These chemicals can degrade penicillins and cephalosporins.

Indeed, it has recently been shown that, despite man's efforts to block these enzymes by use of a beta-lactamase inhibitor (such as clavulanic acid), the bacteria have now developed enzymes which digest these 'antibacterials'. What is most concerning is their rising incidence in the community.

Also affected, by bacterial enzymatic attack are the aminoglycosides and also chloramphenicol. In these cases, bacterial enzymes catalyse the addition of a specific moiety onto the antibiotic, thus rendering it ineffective.

● **Feedback mechanism**

This is a classical approach adopted by bacteria. Use of alternative biochemical pathways allows the bacteria to 'side-step' competitive molecules. A good example is that of the mechanisms employed to resist trimethoprim's action on the folic acid pathway.

● **Reduced or inhibited cellular access**

Probably one of the most widely used methods among Gram-negative bacteria is that of altering the structure of the bacterial cell wall, usually by modification of the proteins known as outer membrane proteins (OMP).

These proteins act as channels for both nutrients (and, unwittingly, antibiotics) and waste substances. This type of change usually results in resistance developing to multiple antibiotics, such as carbanepems, quinolones and aminoglycosides. However, in their effort to protect themselves, it is thought that the reduced access of nutrients may be detrimental and result in a longer generation time.

Disease states

Before we look at the levels of resistance in certain species, it is worth reviewing the true incidence of pathogens in certain infectious diseases.

Respiratory tract infections in the community fall into three types: upper (including sinusitis and pharyngitis), lower bronchial and lower pneumonia.

These infections account for the large part of a GP's infectious workload. The other main components of this workload include urinary tract infections (mainly cystitis). Table 3 shows the main pathogens.

How do our 'work a day' antibiotics face up to these typical infections?

If one works on the premise that you would like an antibiotic to be predictably active at least 90 per cent of the time, Tables 4 and 5 show how community isolates from both UTI and LRTI fare against the typical GP antibiotics.

However, one of the key features of some antibiotics is their ability to penetrate into tissues to concentrations considerably in excess of concurrent serum levels. The best examples of these super-penetrators are the quinolones and the macrolides/azalides. Thus, the levels advised are likely to be markedly exceeded by the bronchial tissue alveolar macrophage and urinary concentrations.

In terms of UTI, it is still reasonable to treat first-time cystitis with agents such as amoycillin or trimethoprim. If the attack remains unabated, switch from one to the other. However, if the third visit still shows evidence of UTI, then an agent, such as a quinolone or nitrofurantoin, would be logical. Often a three-day course is sufficient to achieve a satisfactory outcome.

On the respiratory front, once the doctor has made a diagnosis, decisions based on UK data seem straightforward. Fortunately, we do not have the massive penicillin-resistant pneumococcal problems seen in parts of Europe, but complacency is dangerous.

On the upper RTI front, penicillin is logical for pharyngitis, while sinusitis/otitis needs an agent which will penetrate the tissues and be active, eg a macrolide, trimethoprim or quinolone. In lower RTI terms, pneumonia needs a combination of beta-lactam and macrolide to cover the main likely agents.

However, with bronchial infections one has to be aware of increasing resistance to amoxycillin (and less so to co-amoxiclav) among both *H influenzae* and *M catarrhalis;* while emerging plasmid-borne macrolide resistance is an issue with pneumococci. Thus, initial therapy with amoxycillin or erythromycin in simple chronic bronchitis is logical, followed, if necessary, by a quinolone. In the more difficult bronchitic, the initial, more targeted, quinolone therapy could save a lot of time, effort and money.

Summary

What are the key messages regarding antibiotic resistance in the UK?

- there are a few problems, eg multiple-resistant *staphylococcus aureus*
- there is growing resistance to standard antibiotics by standard pathogens
- resistance is more common in other countries, with Spain having 35 per cent of pneumococci with penicillin resistance. The pharmacist can help by spotting travellers and advising a GP re-think
- application of pharmacology, common sense and communication will allow us to avoid underdosing of antibiotics and thereby preserve what antibiotics we still have.

Table 4: activity of antibiotics against community UTI pathogens (MIC_{90} mg/ml)

Antibiotic	*E coli*	*Proteus*	*Klebsiella*	*Enterobacter*
Amoxycillin (32)	>128	>128	>128	>128
Co-amoxiclav (32)	16	32	64	64
Cephalexin (32)	16	>128	>128	>128
Trimethoprim (16)	>128	>128	>128	>128
Cefuroxime (32)	8	64	>128	64
Ciprofloxacin (4)	0.06	0.12	0.25	0.25

Table 5: activity of antibiotics against community LRTI pathogens (MIC_{90} mg/ml)

	H influenzae	*S pneumonia*	*M catarrhalis*
Amoxycillin (32)	>64	<0.12	64
Erythromycin (0.5)	8	0.5	1.0
Tetracycline (1.0)	32	1.0	2.0
Ciprofloxacin (4.0)	<0.03	2.0	<0.03

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PHARMAX

Dealing with depression

Depression requires effective treatment – the earlier the better. In the second of *C&D's* depression series, John Donoghue, research pharmacist at the department of clinical psychology, Liverpool University and senior clinical pharmacist at the department of community psychiatry, Wirral Hospital Trust, outlines the range of therapies available

Treatment for depression is given to relieve distress, restore functioning, to control and shorten the episode of depression and to prevent relapse or recurrence. There is good evidence that delays or failure to implement treatment early result in the depression becoming a recurrent or chronic condition.

The main treatments are psychosocial management, psychotherapy, electro-convulsive therapy (ECT) and antidepressants.

Psychosocial management should be a part of every patient's treatment. It involves the primary healthcare team and possibly social workers and family. It focuses on the management of problems, and may include self-help groups, or services such as marriage guidance.

Psychotherapy, in particular interpersonal therapy and cognitive behavioural therapy, have been shown to be effective, especially in the treatment of mild depression, and are also valuable as an adjunct to antidepressants in treating more severe depression. However, it is expensive.

ECT is used mainly to treat severe depression or when other treatments have not been fully effective, or when a rapid response to treatment is essential. The majority of patients receive a prescription for an antidepressant.

Antidepressants

Antidepressants can be classified as:

- tricyclic antidepressants (TCAs) – such as amitriptyline, clomipramine, dothiepin, imipramine
- second generation antidepressants – trazodone and mianserin
- monoamine oxidase inhibitors (MAOIs) – phenelzine, tranylcypromine
- selective serotonin reuptake inhibitors (SSRIs) – fluoxetine, paroxetine, sertraline
- newer compounds which do not fit into any of these categories – moclobemide, which is a reversible inhibitor of monamineoxidase-A (RIMA), and venlafaxine, a serotonin-noradrenaline reuptake inhibitor (SNRI).

Antidepressants are effective treatment for depression which meet the criteria for major depressive disorder (*C&D* October 7). They all have similar efficacy (70-80 per cent), although it should be noted that there is a powerful placebo response.

All antidepressants take about two weeks before a response is seen, in many patients this may be longer, eg the elderly who may need eight to 12 weeks of treatment before improvement.

Antidepressants should always be given as a course of treatment, continuing at full therapeutic doses for at least six months after the original symptoms have responded. These are key points when counselling patients, who may stop treatment prematurely – either because they think it is not working, or because they feel better and no longer need to continue with medication.

The main causes of treatment failure are: failure to achieve an effective dose, poor compliance and early discontinuation.

Taking TCAs

TCAs have been available since the late 1950s and are the most widely prescribed antidepressants in the UK. The most commonly prescribed TCAs in the UK are amitriptyline (Tryptizol, Lentizol), clomipramine (Anafranil) and dothiepin (Prothiaden).

These are not easy medicines to use because they have a range of unpleasant side-effects: sedation, anticholinergic effects (blurred vision, dry mouth, urinary hesitancy, constipation, cognitive impairment) and weight gain. They cause postural hypertension and are also hepatotoxic and cardiotoxic.

Although the drowsiness caused by TCAs may wear off, other cognitive functions may be impaired for a considerable time. Because the patient may not actually feel sleepy, they may consider it safe to drive. However, objective testing shows that this is not the case. Patients taking them should be advised not to drive, even if they do not feel drowsy.

TCAs are toxic in overdose (especially amitriptyline and dothiepin) and should be used with caution in the elderly.

Drug interactions include alcohol, anti-arrhythmics, other antidepressants (especially MAOIs and SSRIs), anticonvulsants, anti-histamines, antihypertensives, anticholinergics, benzodiazepines, cimetidine, phenothiazines, sublingual GTN and sympathomimetics (see *BNF* Appendix 1).

Lofepramine is a new TCA which has fewer problems with side-effects. It is less sedating, and has fewer anti-cholinergic and cardiac effects. It is also safer in overdose, and is better tolerated by the elderly.

In an attempt to reduce adverse drug reactions, it is recommended that doses of TCAs should start low and be titrated upwards to an effective dose. It is important that patients understand their treatment will not begin to act until an effective dose (at least 125mg/day) has been reached. The whole dose can be given at bedtime, which should help the patient sleep.

Managing MAOIs

MAOIs are also established drugs. They are not used first line and are prescribed for only a minority of patients

Box 1: toxicity scores of antidepressants[1]

	FTI	deaths by overdose*
Dothiepin	47.86	801
Amitriptyline	38.94	509
Lofepramine	2.42	10
Fluoxetine	0.66	1
Paroxetine	2.6	1

*1987-92

Box 2: examples of combination treatments	
TCA or SSRI or MAOI	plus Lithium
TCA	plus MAOI
TCA	plus SSRI
TCA or SSRI	plus carbamazepine
TCA or SSRI	plus tryptophan
Antidepressant	plus neuroleptic

because, in addition to their side-effects profile, which is similar to the TCAs, they produce the well known 'cheese' reaction – leading to hypertensive crisis with tyramine-containing foods and with sympathomimetics.

With the exception of tranylcypromine, they are less toxic in overdose than the TCAs. They are useful if first line treatment has failed, or when the patient has features of anxiety or obsession.

Serotonin impact

There are now six SSRIs licensed for prescription in the UK. Four of them are well established – fluvoxamine (Faverin), fluoxetine (Prozac), paroxetine (Seroxat), sertraline (Lustral). They have been joined this year by nefazodone (Dutonin) and citalopram (Cipramil).

At this stage there is little to choose between them. Side-effects include GI disturbance, an alerting effect which may give rise to nervousness and agitation, headache, rash, weight loss, and sexual problems, especially with sertraline.

The SSRIs have no anticholinergic or cardiac effects and are less toxic in overdose than the TCAs.

An important advantage of the SSRIs is that they have not been shown to cause any cognitive impairment. This is of great importance, especially for the elderly, and for people who need to be able to function at home or at work.

Second generation

One of the most useful of these is trazodone (Molipaxin) which can be useful if a sedative drug is required but a TCA is unsuitable.

Generally, trazodone has side-effects similar to the SSRIs, except that it has a sedative effect. A rare side-effect is priapism which, if it occurs, should be treated as an emergency.

Newer compounds

Moclobemide (Manerix) is a new class of antidepressant – a RIMA. It is an advance on the older MAOIs and does not suffer their dietary restrictions, except when high doses of tyramine (which is very rare in the Western diet) are combined with high doses of moclobemide.

Moclobemide has few of the side-effects of the other TCAs, does not have anticholinergic or cardiac effects, and has not been shown to be toxic in overdose.

Venlafaxine (Efexor) is another new class of antidepressant which has combined reuptake inhibition of both serotonin and noradrenaline. It is claimed to be more effective than other antidepressants in treating severe or resistant depression, but this effect has been seen in clinical trials only at high doses.

Which one is right?

The older antidepressants – TCAs and MAOIs – are problematic to use when compared with the newer compounds because their side-effect profile makes them less tolerable, they are toxic in overdose (a significant risk when treating depression!) and they have interactions with other medicines and some foods. Because they need to be titrated gradually to an effective dose, response to treatment may be delayed. However, clinicians are familiar with them and they are cheap.

Lofepramine, SSRIs and moclobemide are equally as effective as the older antidepressants in treating depression in primary care, are more tolerable, are much less toxic in overdose, but are more expensive.

For citalopram, nefazodone and venlafaxine, it is too early to make clear judgments on their place in treatment, but they are likely to have similar advantages to the SSRIs.

The choice of an antidepressant should be made on an individual basis, dependent on the clinical presentation, past history (especially of response to treatment and suicide attempts), social and lifestyle needs (ie is a sedating antidepressant the best choice for a taxi-driver?), age, concomitant illness and other medicines prescribed.

The most recent MeReC bulletin acknowledged the place of SSRIs as first line treatment for depression.

Effective doses

The majority of patients with a diagnosis of depression are prescribed a TCA by their GP, and the consensus guidelines on treatment clearly state that the minimum effective dose of a TCA in depression is 125mg/day. Doses below this level have not been shown to work, indeed, one trial of 75mg dothiepin per day versus placebo concluded that placebo was preferable as it had fewer side-effects.

Unfortunately, the advice on dose contained in the *BNF* is not as clear, and suggests lower doses of TCAs may be effective. The majority of patients prescribed a TCA are prescribed a dose which has not been demonstrated by clinical trials to be effective.

Here is another role for community pharmacists – advising GPs of the effective doses of TCAs, especially when patients bring in prescriptions for TCAs at low doses – as they frequently do.

Compliance factors

In contrast to the older TCAs, lofepramine and SSRIs are much more likely to be prescribed at an effective dose, and there is evidence to show that SSRIs are better tolerated, with less troublesome side-effects, resulting in better compliance.

Although the SSRIs are more expensive than the TCAs, improved compliance may reduce costs in the long-term: half of patients who fail to complete a course will relapse, and 12 per cent will go on to develop chronic depression. This has major cost implications.

Although the SSRIs are better tolerated than the TCAs, they still have side-effects, and it is important to explain to patients what side-effects they may encounter.

Toxicity

Another advantage the SSRIs have over the TCAs is toxicity in overdose.

TCAs, particularly amitriptyline and dothiepin, have been shown to be very toxic when taken in overdose. They produce a quinidine-like heart block, and death is rapid.

A table of comparative toxicity, called the Fatal Toxicity Index (FTI), was produced by Dr John Henry of the National Poisons Centre. FTI scores are based on the number of deaths produced per million prescriptions (see Box 1).

Box 3: key issues for community pharmacists

*** Health promotion**
- Depression is a major illness
- Look for signs of depression
- Regular sales of tonics, vitamins, analgesics, laxatives, etc
- Encourage people to seek help

***Antidepressant doses**
- Monitoring prescribing and inform GPs
- The dose that gets you well keeps you well

***Treatment compliance**
- Side-effects
- Need to persevere with treatment
- Delay in onset of action

Combination therapy

Not all patients will respond to treatment with a single antidepressant, a combination may be necessary. These should always be given under specialist supervision, and the patient counselled about the potential problems and the necessity for strict compliance, and the need to seek advice or help immediately in the event of any problems being encountered.

Community pharmacists may be dispensing some of these treatments, and may need information from specialist hospital colleagues about the problems likely to be encountered, and could offer a useful role monitoring patients for adverse effects and compliance following discharge from hospital.

References
1 Henry J, Alexander C, Sener E, *BMJ 1995;* **310** *221-225*

Box 4: Key counselling to improve compliance

*** Delay in onset of action**
- Treatment is effective, but may take 2-4 weeks to work may take up to 12 weeks in elderly
- persevere with treatment
- come back if any problems/-questions

*** Side-effects**
- all drugs have side-effects – not everybody gets them!
- be reassuring – some side-effects may be beneficial
- being forewarned reduces discomfort

*** Length of treatment**
- minimum 6 months, perhaps longer
- reduces risk of relapse or recurrence

Chronic headache and drugs

Headache is common and so is self-medication with minor analgesics to relieve it. Most people only have occasional headaches and their use of drugs raises no problems. However, some people experience chronic headache, including migraine, and prolonged intermittent exposure to analgesics may be associated with adverse effects and may even exacerbate their symptoms.

Little is known about the prevalence of chronic analgesic use so, with Glaxo, epidemiologists in the US monitored drug consumption over two years by 662 people who sought treatment for headache.

Most were women aged 25-44 and in full- or part-time work; almost 60 per cent had some form of migraine. About one-fifth reported headache occurring on at least half of days and 50-60 per cent reported headache on at least one day per week throughout the study. Only 11 per cent said they were pain-free at the end of the study.

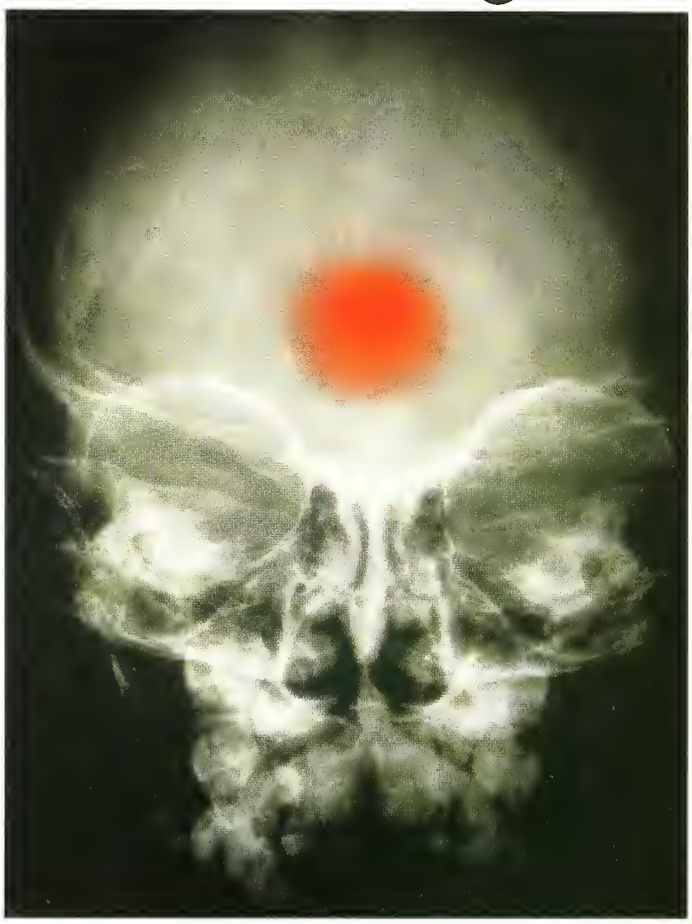
Some 25 per cent said they took analgesics on at least 14 days per month with 20 per cent doing so over the two years. The drugs most frequently prescribed were NSAIDs (largely ibuprofen), sedative hypnotics and opioid-aspirin combinations; 16-20 per cent of patients took OTC drugs and 2-6 per cent took two or more different drugs.

Significant risk factors for chronic drug use included older age (due entirely to increased consumption of OTC drugs) and frequency, and severity of headache.

This high prevalence of drug use, often, but not exclusively, by people with migraine, was documented before the advent of sumatriptan. It reflects a common and long-lasting problem for which treatment appears to be unsatisfactory and the underlying cause is persistent.

The study should now be repeated to determine whether this new analgesic significantly affected prescribed and OTC medication.

Pain 1995;**62**:179-86



Does HRT improve sleep?

Poor sleep quality, including apparent insomnia and waking during the night due to hot flushes and sweating, is common during the menopause. There is some evidence that hormone replacement therapy reduces sleep problems, but it is not clear if this is a direct effect or an indirect effect associated with overall improvements in mood and symptoms.

To explore this question, specialists in Hull conducted a 12-week study of sleep quality in 33 post-menopausal women randomised to HRT or placebo. HRT was given as conjugated oestrogens plus cyclical progestogen, thus users were aware they were taking an active drug when withdrawal bleeding occurred. However, the investigators remained blind to treatment.

Overnight recordings were made every two weeks to monitor sleep architecture, and to detect hot flushes, skin temperature and humidity; the women also recorded their subjective impressions of sleep quality and mood.

The average duration of sleep at baseline was almost seven hours – within the normal range. HRT had no effect on sleep quality, which improved throughout the study in both groups of women. There was a trend towards fewer awakenings associated with vasomotor symptoms in women taking HRT (averaging one per night) but the improvement was not statistically significant. Subjective assessments of mood and sleep quality revealed no advantage for HRT.

This study provides little evidence that HRT directly improves sleep. However, it seems that the women in this study were experiencing few problems anyway and a possible beneficial effect in women with significant sleep disorder cannot be excluded.

British Journal of Obstetrics and Gynaecology 1995;**102**:735-9

Counselling found to raise psychotropic prescribing

Increasingly, psychological therapies are perceived as the most appropriate way to treat psychological problems and GPs are encouraged to reduce their prescribing of anxiolytics and anti-depressants in favour of counselling or more specific non-pharmacological interventions.

To determine whether this new philosophy is associated with a reduction in prescriptions, GPs in Oxfordshire were asked about their use of counselling and prescribing of psychotropic drugs.

Some 90 per cent of respondents said they referred patients for counselling, usually to a counsellor based at or visiting the practice. However, PACT data showed that both the quantity and the cost of anxiolytics or antidepressants was greater for practices using counsellors than for those that did not refer and, contrary to expectations, greatest when the counsellor was based at the surgery.

The authors acknowledge that this finding is unexpected and counter-intuitive, but they suggest that higher prescribing and counselling rates may reflect greater underlying morbidity and more awareness of psychological problems.

More controversially, it is possible counselling may have uncovered a greater need for drug treatment. Whatever the explanation, this small study indicates that savings in drug costs may not be available to fund new counselling services.

British Journal of General Practice 1995;**45**:467-9

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Prescribing information Presentation: 400 micrograms glyceryl trinitrate per metered dose. It also contains ethanol. **USES:** For the treatment and prophylaxis of angina pectoris and the treatment of variant angina. **Dosage:** *Adults and the Elderly:* At the onset of an attack, one or two 400 microgram metered doses sprayed under the tongue. No more than three metered doses at any one time, minimum interval of 15 minutes between consecutive treatments. For the prevention of exercise induced angina, one or two 400 microgram metered doses sprayed under the tongue immediately prior to the event. *Children:* Not recommended for use. The spray should not be inhaled. Patients should familiarise themselves with the method of administration. During application the patient should rest, ideally in the sitting position. **Contraindications:** Hypersensitivity to nitrates or other constituents, hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, use in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregancy and lactation:** Not generally recommended. **Effects on ability to drive and use machines:** Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. **Overdose:** Recovery often occurs without special treatment. Hypotension may be corrected by elevation of the legs to promote venous return. Methaemoglobinaemia should be treated by intravenous methylene blue. Symptomatic treatment should be given for respiratory and circulatory defects in more serious cases. **LEGAL CATEGORY** - Pharmacy. **PACKAGE QUANTITIES and NHS Price** Bottle of 11.2g of solution (equivalent to approximately 200 doses) £4.10 at 23/5/95. **PRODUCT LICENCE NUMBER** 0375 9/0042

Further information is available on request from:
Lipha Pharmaceuticals Limited, Harrier House, High Street, Yiewsley, West Drayton, Middlesex UB7 7QG.
Date of preparation: June 1995
LIP 448

MERCK

Lipha

Antidepressants, breast milk and child development impact

Although pharmacokinetic studies can reveal whether clinically significant concentrations of antidepressants occur in breast milk, little is known about the effects on child development of drugs possibly ingested during feeding. This is cause for concern, since apparently sub-therapeutic doses may conceivably exert subtle effects in the long-term.

Australian psychiatrists have compared 15 children aged three to five whose mothers had been taking dothiepin while breast-feeding, with children whose mothers had been depressed but had not taken medication and children whose mothers had not been depressed.

There were more single parents, less wealth and higher levels of anxiety/stress among the depressed women but other socio-economic factors were similar in all groups.

There was no evidence that exposure to dothiepin and its metabolite in milk had affected the children's cognitive development – in fact, there was a trend suggesting the opposite: higher levels of the drugs in milk were associated with higher cognitive scores. This is possibly because maternal depression affects upbringing and more severely depressed women are more likely to be treated effectively. However, child behaviour was most disturbed among this group.

Since depression after childbirth may affect up to 15 per cent of women, it is reassuring that treatment appears to be free of harmful effects on the child. However, work is needed to provide longer-term follow-up of more children to confirm its safety.

British Journal of Psychiatry 1995;**167**:370-3

What makes people decide on HRT?

The protection afforded by HRT against osteoporotic fractures and cardio-vascular disease is so important that women should be provided with the opportunity and support they need to make an informed choice about whether to take it.

This may not always be so: GPs have been criticised for not offering enough help and fears about hormone-induced cancer can be perpetuated by media mismanagement.

A survey of 1,225 women on Teeside now shows that women are given a largely positive image about HRT, though significant problems persist for some.

When asked to describe the most striking aspect of HRT they had heard about, 60 per cent listed positive effects, such as improving symptoms, preventing osteoporosis and preserving a youthful appearance. Only 6 per cent listed immediate side-effects and fewer than 2 per cent mentioned continued menstruation, though this is cited as a frequent reason why women don't like HRT.

About half said they found information in the media helpful and correct, but a third said it was unhelpful and 17 per cent believed it was incorrect.

Among women who had considered taking HRT, two-thirds had discussed it with the GP or a nurse and half had done so with partners or friends. However, 40 per cent said that no one person had been important in helping them decide.

Nine per cent of women had never heard of HRT. Others cited press, friends and relatives as information sources, but those who had taken HRT said the GP was most important in providing information. Most women who had discussed it with the GP believed their doctor favoured HRT but a third were uncertain of his or her views.

These findings suggest that the majority of women see few obstacles in obtaining HRT or information about it. If this is the case, the most important question to ask is, why do only 10 per cent of eligible women take HRT?

British Journal of General Practice 1995;**45**:477-80

Bed rest is not best for backache

More evidence that rest does not help backache comes from a small study from Birmingham.

Forty-two patients consulting their GP about lower back pain of less than seven days' duration were randomised to bed rest for 48 hours or to continue with normal activity as best they could. When assessed seven and 28 days later, there were no differences between the groups in the proportions of patients reporting improvement or deterioration in mobility. Bed rest was initially associated with greater stiffness and less flexion but also with significantly lower disability scores between days seven and 28.

There were no differences between the groups in time taken off work or in time spent resting (after the first 48 hours).

Self-medication, largely with rubefacients, was common and many people in both groups also used heat application, massage, chiropractic and physiotherapy.

Although there was a small difference in favour of bed rest, this was not sufficiently great or consistent with other findings to support its routine use. It seems that most people treat themselves regardless of the GP's help; this apparently does no harm and probably helps recovery more than staying in bed.

British Journal of General Practice 1995;**45**:481-4

Diet factors in atopic eczema

Elimination diets are sometimes popular with parents of children with eczema. Observing flare-ups in symptoms which appear to coincide with eating certain foods, or hearing anecdotal evidence that avoiding eggs resolved refractory eczema, it is reasonable to assume that abnormal sensitivity to dietary components causes atopic eczema.

However, conclusive scientific evidence is lacking that eczema is improved by excluding foods from the diet. Paediatricians in Manchester have now completed a six-week, single-blind controlled trial of the few foods diet, supplemented with whey or casein hydrolysate (sensitivity to which is rare), in 85 children with refractory atopic eczema.

They encountered major practical problems. Forty-six per cent of the children were withdrawn from the study, largely due to non-adherence to the diet but also – and mostly in the groups using the diet – because of flare-up of symptoms requiring additional drug treatment.

In the remaining children, there were significant reductions in the severity of skin symptoms and in the area of skin affected in all groups during the study. This improvement was greatest in the diet/whey group but there were no other differences favouring these children.

When normal foods were reintroduced one at a time, exacerbations of eczema occurred in six of the seven children judged to have benefited from the diet and whey supplement and four of eight who improved with the diet and casein supplement.

The authors say their findings have made them less enthusiastic about imposing a few foods diet on children. They note, however, that parent pressure and the odd dramatic response to dietary manipulation in children whose eczema is resistant to drug treatment will ensure that supervised diet will remain a therapeutic option.

Archives of Disease in Childhood 1995;**73**:202-7

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Fuelling the strong growth

The UK market for OTC remedies is becoming increasingly fierce and competitive. Sarah Farnell, marketing manager for Paramol at Seton Healthcare, explains what is fuelling the growth of strong analgesics and discusses the opportunities the market sector offers for pharmacy

When it comes to pain, are British consumers wimps or warriors? Whichever, their desire to combat pain is staggering.

Recent figures show that British consumers are spending around £118 million on OTC analgesics annually; representing a total of some 50 million packs. This is equivalent to swallowing more than 600 million tablets!

Significantly, while the total analgesic market currently shows little growth, the strong analgesic sector alone is buoyant, with 10 per cent volume growth, representing £61m through pharmacy tills. Indeed, almost one-third of all packs of analgesics sold are now strong analgesics.

Paracetamol now accounts for 20 per cent sterling share of the total analgesic market, with ibuprofen's share valued at 18 per cent and aspirin taking 12 per cent. However, growing demand for stronger OTC analgesic products has fuelled the demand for new combinations.

Strong links emerge

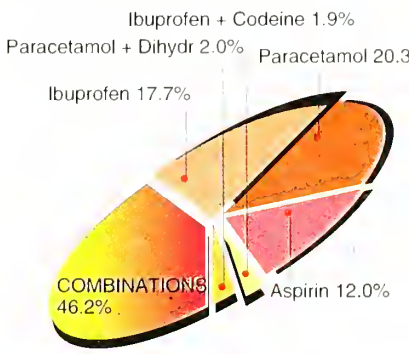
A trend linking paracetamol and ibuprofen with stronger opiates is emerging, including, for example, combinations of paracetamol with dihydrocodeine, eg Paramol, and ibuprofen with codeine – two of the fastest-growing combination products.

Trends towards self-medication are increasing in the OTC market as a whole and with the number of OTC products increasing daily, the role of the health professional in recommendation and offering advice is key, especially in the choice of analgesics.

Greater control

The stronger analgesics are more likely to be Pharmacy-only products, providing the health professional with greater control in both advice and recommendation, especially to trialists. With more premium-priced brands, this sector adds value to the market and increases profit opportunities. And recommendation by pharmacy and other key health professionals triggers future self-selection.

Analgesics market split by active ingedients
% in value, July, 1995



Source: IMS DATA, July, 1995

The increased cost in prescription products has made strong OTC analgesics more competitively priced when compared to current prescription charges, representing savings for both the customer and the NHS.

The role of pharmacists in pain control

'best products'. Eventually, the market settles at a happy medium – a cross between customer demand and all the 'me too' products. At all times the decision lies with the pharmacist. If it's no good, don't stock it.

Compare that with the unqualified outlet where the stock range is decided centrally on profit and discount, rather than on professional judgment and efficacy!

As more and more people come to the pharmacy for analgesics and self-medicate – after advice, of course – the numbers of prescriptions will fall. That does not mean that fewer people will take analgesics, it just means that they will obtain them outside the NHS.

Blacklisting is another facet. The case of Paramol 118 is probably the best example of a black cloud with a silver lining. This was a good, effective, modern product which was blacklisted by the NHS overnight. It didn't mean that the product was no good – on the contrary, it just meant that the NHS wasn't prepared to pay for it. The silver lining is that it stimulated reformulation and deregulation to P and now we all have it on our shelves.

Lateral thinking

Other products have different indications for use, so the pharmacist has to think laterally.

If the patient or customer has self-diagnosed, it is up to the pharmacist to inquire, gently and with sensitivity, so as to confirm that the symptoms described marry up with the home diagnosis.

When customers want 'something for flu', the first of the 2WHAM questions is 'Who is it for?' If you have influenza, you won't be standing in the pharmacy, you will be in bed, with aches and pains in all of your joints.

Patients will often report a recurrence of a pre-existing or previously diagnosed condition, when little confirmation of the original surgery diagnosis is needed.

Sometimes the patient will report symptoms which are diagnostic in themselves. Examples would be the 'herring bone' visual disturbance which precedes migraine attacks. The prodomal aura is another diagnostic signal.

Compounds, or ...?

The old 'Proplist' decried compound properties and actively encouraged the use of single ingredient medicines. Its recommendations had a profound influence on the prescribing habits of yesterday's NHS physicians.

Even today, the *British National Formulary* applies negative pressure on compound preparations and, in particular, analgesics. Its wording is that: "Compound analgesic preparations containing paracetamol or aspirin with a low dose of an opiatic analgesic are not generally recommended." That may be the 'down side' of the argument. The other side is that many of these preparations do work well. Additionally, they have the public's confidence and loyalty.

We could provide these ingredients separately, perhaps in separate blisters within one pack, but that would increase the cost, both to manufacturer and consumer. It would also negate the anti-abuse potential of the mixed formulation.

If we also look at the mechanism of pain control and perception, the addition of a small dose of centrally-acting opiate may not block the whole of the perception of pain, but it certainly results in a potentiation of effect – you only have to ask the consumer for that proof!

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Abbreviated Product Information. Presentation: Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 7.46mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular aches and pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. *Adults and Children over 12 years:* 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. *Children under 12 years:* Not recommended. **Contra-indications, warnings, etc:** *Contra- indications:* Respiratory depression, obstructive airways disease, hypersensitivity to paracetamol or any of the other constitutents. *Warnings.* Dosage should be reduced in the elderly, in hyperthyroidism and chronic hepatic disease. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. Patients should be advised not to take other paracetamol containing products concurrently. Should be given with caution to patients with allergic disorders and should not be given during an attack of asthma. *Use in pregnancy and lactation:* Studies have shown no ill effects due to paracetamol used in the recommended dosage. Available published data does not contra-indicate breast feeding. **Side Effects:** These are rare in therapeutic doses. Constipation, if it occurs, is readily treated with a mild laxative. **Legal Category:** P. **Package Quantities and Retail Prices:** 12's £2.19, 24's £3.69, 36's £4.89. **P.L. Number:** 11314/0050. **P.L. Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** August 1995. PARAMOL is a Registered Trade Mark. **Further information is available on request from the Licence Holder.**

Seton Healthcare Group plc

Home is where the heart is

After 33 years running a Penzance pharmacy, Jim Saulter decided to follow his heart by selling up and buying Tremaens craft shop across the road. Fawz Farhan finds out whether Tremaens, Cornish for 'my house', lives up to Jim's expectations

Jim Saulter is a mine of information, from interesting trivia to 'sit up and listen' facts. And just when you think you've heard something worth telling your friends about, he hits you with another, and another and another in his casual, 'by the way' manner. The National Youth Theatre, Sir Humphrey Davy and Penzance old prison have all crossed his path at one stage or another, so it comes as no surprise to hear that after 33 years of pharmacy, he decided to sell up and buy the craft shop across the road.

The move was not an overnight decision. Jim had become interested in arts and crafts a few years previously and had introduced ornaments into Peasgood's Pharmacy in Penzance as a boost to business. "I started off with jugs and bowls, and then began buying ornaments from the various gift fairs around the country," he says.

However, he became more and more despondent with independent pharmacy. Longer working hours, poor remuneration and the aggressive discounting of the multiples finally gave him the courage to pursue his interest full-time, so, last April, he sold Peasgood's and purchased Tremaens.

Jim says he still does a one-day locum at Peasgood's, so as not to burn his bridges. But the main reason is probably because he misses the patient contact and the customers miss him. "Helping people as a pharmacist is what kept me going and is what made the job worthwhile over all those years. Up until the last two years I thoroughly enjoyed it."

He is quick to point out that Tremaens means 'my house' in Cornish and it looks very much like that as he weaves between stands of multi-coloured glass, ceramics, paintings and flowers attending to customers and staff.

The qualities needed to run a business are essentially the same whether it is a pharmacy or a craft shop, he believes. "I like selling, but you also need patience, an understanding of people and a knowledge of what makes them tick."

The business has been very successful since it changed hands and refits are already under way, including a children's play area, so parents can browse in peace.

The shop is in itself a curiosity. Tucked away beneath an impressive, stone neoclassical building that used to hold the town market, Tremaens was also the site of the town hall prison cell until the mid-1800s. Realising the opportunity, Jim is now negotiating a grant with the local council to turn the cell into a tourist attraction.

Jim Saulter was originally from Croydon, south London, but spent his summer holidays with relatives in Cornwall. After doing his degree at Chelsea, his aunt persuaded him to undertake his pre-reg in Penzance at Peasgood's Pharmacy – whose previous owners included apothecary Sir Humphrey Davy, the inventor of the miner's lamp.

A job in Barbados was on the cards next, but he decided to stay at Peasgood's, where he became a partner and eventually the sole owner of the business. And that is where he has stayed for the last 33 years. However, he has never been blinkered by pharmacy and has always submerged himself in the various interests and commitments he now finds he can spend more time on.

For the past 16 years, Jim has been the coach for the local amateur swimming team and is involved in the Cornwall Amateur Swimming Association and Penzance Swimming and Water Polo Club.

A long-standing passion, which almost diverted him from entering pharmacy, is drama and the theatre. As a teenager at Dulwich College, Jim was one of the founder members of what later became the National Youth Theatre. His decision to get a 'proper' job eventually meant turning down a place to study drama at the Bristol Old Vic, whose long list of successful students include Jeremy Irons, Daniel Day-Lewis and Miranda Richardson.

Nowadays, Jim treads the boards as a "talented amateur", with his choreographer/aerobics instructor wife as members of an amateur dramatics society. They perform in such venues as the Minack Theatre, the Cornish sea-cliff open-air venue.

In fact, a lot of the ornaments in the Saulter household are related to the theatre productions. He explains: "Whenever my wife and I have been involved in a show, we always give each other something to remind us of it."

Looking back, Jim has no regrets about any of his career decisions. "I'm more relaxed now and most people say I look ten years younger, which is tremendous."

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DUAL ACTION LIQUID

sodium alginate/cimetidine

ECLIPSES EXISTING RAFTING AGENTS

Tagamet Dual Action Liquid. Product Information: Presentation. A white suspension with an odour of fruit and mint containing 500 mg sodium alginate B.P.C. and 200 mg cimetidine per 10 ml dose. **Use.** Short term symptomatic relief of heartburn, associated with acid regurgitation, especially if provoked by bending over or lying supine. **Dosage and administration:** *Adults (incl. the elderly), children 16 years and over.* 10 ml suspension when symptoms appear. If symptoms persist for more than 1 hour after the first dose, a second dose (10 ml) may be taken, but no more than 2 doses in any 4 hours and no more than 4 doses in any 24 hours. Treatment should not be continued for more than two weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to children under 16 years of age. **Contraindications.** Hypersensitivity to cimetidine or any of the other constituents. **Precautions.** Not recommended in patients with impaired renal function, hepatic impairment; taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing dyspeptic symptoms, any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with compromised bone marrow; in pregnancy and lactation. Use only on a doctor's advice in patients: with any other illness, using any medication, under medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDS especially the elderly. Contains 66 mg sodium per 10 ml dose and this should be included in the daily allowance of patients on sodium restricted diets. **Adverse reactions.** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, hepatitis, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heartblock, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rarely reports of impotence but no causal relationship has been established at usual prescribed therapeutic doses. **Product licence number** 0002/0232. **Retail price** (200 ml) £4·99. **Legal category** P. **Date of preparation** 8 June 1995.

SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex, TW8 9BD. Telephone number 0181 560 5151.

SB SmithKline Beecham Consumer Healthcare

The next generation

The Young Pharmacists' Group marked its landmark tenth AGM with the theme of space exploration and the new millennium. Delegates were inspired to take power, fight for their causes and aim beyond their immediate objectives. Fawz Farhan reports

The new-generation of pharmacists should have the courage to stand up to the Government for the benefit of the patient, as well as the profession. "If we cannot do that, then we can expect very little sympathy [from patients] when we plead our own causes," Welsh community pharmacist and private script rebel Allan Sharpe told delegates.

The lack of protest from pharmacy over rising prescription charges could be seen by patients as a sign of collusion with the Government, with pharmacists acting simply as tax collectors. "We need to be seen by the public as clean," commented Mr Sharpe.

He criticised the Government for interpreting remuneration policies for its own benefit and wanted to see greater empowerment for the profession. He believed that changes in prescription charges and remuneration have been nothing more than imposed settlements, with pharmacy having little say or input into the matter.

He highlighted an example, where a local health commission was threatening to withdraw the professional allowance unless PMR certificates were obtained. "Where did the NHS get this power to impose on pharmacists compulsory postgraduate education and huge financial penalties? Where was our Negotiating Committee and what deal did they get from this?" asked Mr Sharpe.

Black holes

Pharmacy is in a black hole, because no one knows it exists, said the editor of *Scrip*, Dr Philip Brown.

The profession was being repeatedly ignored by manufacturers and health bodies on many current issues, such as the Pill fiasco, GSL ibuprofen and resale price maintenance. "Pharmacy did not deliver and I don't think pharmacy is delivering," commented Dr Brown.

He said the profession had to face up to the fact that the majority of pharmacy was concerned with retailing. "There is a belief that pharmacy has a role in regulating healthcare. In the retail environment it cannot deliver that healthcare."

The sooner pharmacy was removed from the High Street the better, according to Dr Brown. He believed the skills and knowledge of pharmacists were being wasted in retail pharmacy and would be better served in a healthcare centre environment, where their attributes could be put to work as part of the team of other healthcare professionals.

Scrip editor Dr Philip Brown

Don't stand still

Pharmacy had great strengths to build on, but the future was uncertain, said Philip Green, deputy secretary of the Royal Pharmaceutical Society and the executive in charge of the 'Pharmacy in a New Age' initiative.

The profession's strengths were in its pharmaceutical skills, its accessibility to the general public and its close involvement with the other healthcare and social care professions.

However, it had other factors hanging over it, such as inappropriate models from abroad, professional rivalry and changes in Government policies.

"That's why standing still is not an option. We clearly need to seize and shape the future and not rely on inherited regulations. It's your future ... have your say," said Mr Green.

Prescription rebel Allan Sharpe

Patient information

Pharmacists should be able to use patient information anonymously for any purposes they think fit, according to YPG member Andy Platten.

This would include selling data from patient medication records to drug companies for analysis of prescribing habits.

In the discussion group, members agreed that such practices have been going on for years in general practice surgeries and in hospitals for discounting bulk orders.

However, simply selling the information on was short-sighted. It would be better for the pharmacist to form a partnership with the buyer so that the information could also be used to push the profession forward.

Jon Merrills, former deputy chief pharmaceutical officer at the Department of Health, questioned the ownership of the information, which could belong the NHS. He was also worried that the public would perceive pharmacy as selling information through the back door.

Dr Alison Blenkinsopp from Keele University said pharmacists should be encouraged to reflect on PMR and look at how it could be used more effectively.

Marketing strategy

The profession should adopt a marketing strategy to get its message across on current affairs issues, said conference organiser Mark Koziol.

He said the nursing profession, unlike pharmacy, was quick to react to the Pill controversy and its advice and views were made known to the public.

The cascading of information about such issues to the pharmacist was also inefficient. Many found out about DoH decisions and medical alerts through the press initially, rather than first-hand through the Society. Regional co-ordinators could take on the role of relaying this information.

YPG member Michelle Rowland-Jones said most pharmacies now had faxes and computers, which could act as new channels of information. The Internet and e-mail facilities would make it easier in the future for pharmacy to communicate.

The energy and creativity of the YPG will drive the profession forward, said Gerry Griffin, a former lead flight director for NASA's Apollo space missions. However, there was a need for less talk and more action. Mr Griffin said one of the secrets of the Apollo missions' success was that it was led by a young, dynamic team. "There is a parallel [with the YPG] there. That energy is necessary because to make change you have got to drive things from all directions," he said

Conference organiser Mark Koziol

One in a million

Mr D wants to increase counter sales. John Kerry discovers that it means improving from a position of strength

There aren't too many community pharmacies in Britain boasting a £1 million turnover in NHS prescription items. Mr D will achieve that figure this year, but you would never suspect that his shop was so weighted towards dispensing when you first see it.

From the outside it is a conventional High Street chemist, with a fascia sign which leads you to believe it's as much a perfumery as a healthcare shop. This impression is confirmed as soon as you enter, the right-hand side superbly fitted with glass cabinets filled to capacity with Parisian and New York fragrances, with a gleaming glass counter similarly packed. One's first reaction is to hope the turnover justifies this huge investment – read on.

General chemist lines: hair care, toiletries, babycare, etc, take up nearly half of the 900 square feet of sales space, while OTC medicines and healthcare occupy barely 25 per cent. A small waiting/consultancy area can be found at the rear, next to the dispensary and a very convenient rear entrance, which leads to a large free car park and supermarket.

The counter turnover this year is expected to reach £295,000 which, added to the NHS income, produces a grand total of nearly £1.3m.

Mr D purchased the business six years ago when it already had a 5,500 script items/month average and a very good perfume turnover. Since then, by good service and winning substantial nursing/residential home contracts in the area, the scripts are up to nearly 9,000 items per month. Neither the perfume nor any other counter has fared as well, mainly due to Mr D's chosen strategy to develop the NHS side, and no one can deny that it has worked.

From this position of considerable strength in dispensing, Mr D has decided to turn his attention towards the counter, with the aim of developing an existing good turnover and gross profit into an excellent one. This is not as easy as it sounds, particularly bearing in mind the near total absence of controls and management information for this side of the business.

After a great deal of working through available data and till rolls, and applying the science of 'best estimates', the analysis shown in table one was achieved, which Mr D agrees is about right. Some figures, such as stocktake, are accurate.

These estimations, which won't be that far out, paint a picture that resembles a powerful athlete, with a broken arm and a potbelly.

Many might say "So what? This is an excellent business, with a superb turnover and very nice gross profits, so why worry?" It is also true that very many pharmacies in Britain will be taking less in a year than Mr D's tills.

There are worries for Mr D. Not only does he need to repay the not inconsiderable bank loan taken to buy the pharmacy in the first place but also he doesn't care much for the obvious inefficiencies of the business. The real cause for concern is that this pharmacy is failing to capitalise on its quite obvious strengths as far as the counter is concerned. Mr D wants that put right.

Table 1

	Sales 94/95	Stock level at retail	Stock turn
OTC medicines healthcare	155,000	18,900	8.2
Toiletries, babycare, etc	71,000	31,600	2.2
Agency perfumes and cosmetics	70,000	69,400	1.0
Total	**296,000**	**119,900**	**2.5**

Table 2

	Nett sales	Nett cost	GP %	GP £	Sq ft	Sales/-sq ft/-week
OTC, etc	131,000	84,900	54	46,100	225	£11.2
Toiletries, etc	59,000	48,600	22	10,400	432	£2.6
Agency, etc	61,000	38,200	60	22,800	243	£4.8
Total	**291,000**	**171,700**	**46**	**79,300**	**900**	**£6.3**

All figures exclude VAT and no account has been taken of zero-rated items.

Obvious problems

1 The total stock figure is too high and the overall counter stock turn, at 2.5, suffers as a consequence.

2 The worst offender is toiletries, etc, a £31,600 stock investment providing only 13.7 per cent of the gross profit.

3 The agency perfumes and cosmetics look wonderful on display, but dreadful on paper. It's the usual story of big, prestigious names dictating the policy, insisting on full ranges being stocked, knowing that 90 per cent of the lines won't sell. The other 10 per cent, mostly high-profile fragrances, turning over nicely.

4 The analysis of sales per square foot of shop space serves to endorse the findings and further condemn toiletries and babycare as a waste of good selling space in this shop.

Recommendations

The retail side of this pharmacy has to change its character. Its strengths are being underplayed. Much more must be made of its central position, accessibility and considerable reputation for healthcare, prescriptions and service.

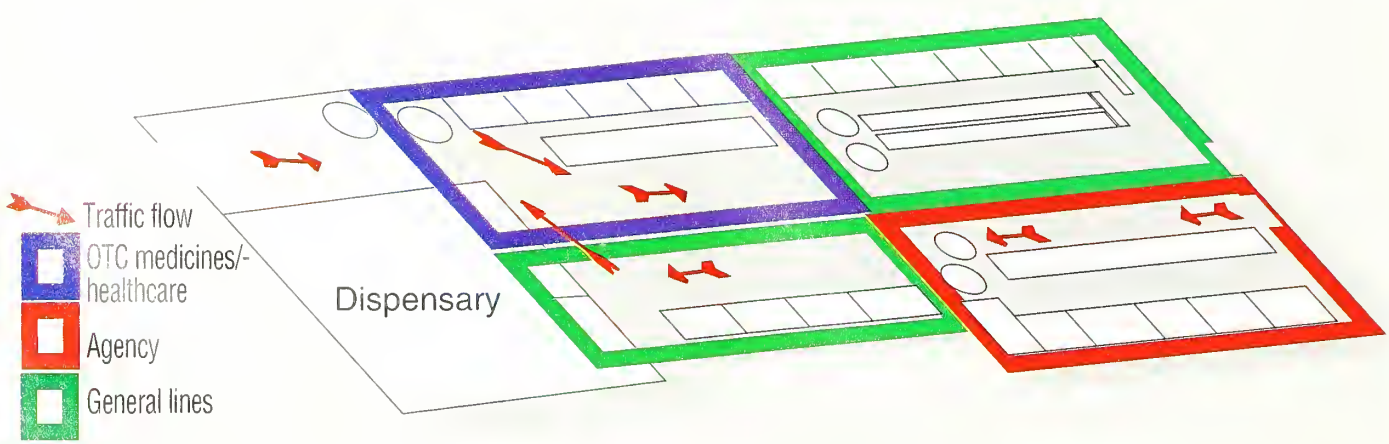
What it isn't is a 'drug store'. Despite half the selling space being devoted to such lines at competitive prices, it fails in this aspect. This shouldn't be a surprise to Mr D, since the town boasts a big, multiple chemist, an even bigger multiple drug store just a stone's throw away, as well as the multiple food giant in the car park behind. All three can, and do, sell toiletries and babycare much better.

To achieve more turnover and gross profit without sacrificing margin, the following actions are recommended.

Toiletries

1 Reduce to a bare minimum the toiletry, hair care and babycare lines by restricting

Current layout



Type of shop: independent community pharmacy
Position: High Street of small Midlands' town
Competitors: multiple chemist, independent pharmacy, multiple drug store, perfume shop and supermarket within one minute's walk.

Sales		**1,114,900**	**1,034,600**
Purchases		827,400	764,900
Gross profit		**287,500**	**269,700**
Less expenses			
Wages and locum fees	78,300		74,000
Social security costs	2,200		2,300
Rent and rates	16,700		14,600
Light and heat	3,000		2,800
Telephone	3,800		3,100
Insurance	3,900		3,600
Printing, stationery, advertising	3,100		2,800
Motor expenses	4,800		2,400
Repairs and renewals	3,100		4,000
Bank charges	4,600		4,300
Hire purchase agreements	3,400		2,700
Credit card charges	1,100		800
Accountancy fees	7,500		7,200
Audit fee	1,400		1,300
Legal/professional charges	-		900
Stocktaking fees	900		800
Subscriptions	1,200		1,100
Sundry expenses	1,700		2,000
Depreciation	10,800		8,000
		151,500	138,700
		136,500	131,000
Bank interest	1,800		2,200
Bank loan interest	28,800		40,400
		30,600	42,600
Net profit for the year		**105,900**	**88,400**
		9.0%	8.5%

choice to a maximum of three brands, one or two size variants.

2 At the same time, keep tight control of stock. The £31,600 figure must be reduced to £10,000 or less.

3 These agency lines deserve only half the space they currently occupy – see plan. It would be tempting to do a similar hatchet job on the perfumes and skin care by kicking all of the agencies into touch. However, even though there's a perfumery in the town, this profitable section can contribute more if managed properly.

4 Retain essential 'exclusive' agencies, but endeavour to return all very slow or dead stock lines in order to reduce stockholding. A long and difficult task.

5 Give up agencies with vast ranges of not so prestigious fragrances. There are several of these in this shop and they tie up tens of thousands of pounds worth of capital.

The odd 'baby' will be sacrificed with the bath water when agency agreements are discontinued. Wholesalers will be able to fulfil demand and, although the margin may be reduced, Mr D will only need to buy what he is confident of selling.

This section looks good and, with dramatically-reduced stockholding, should maintain its sales level and greatly increase stock turn and profitability.

OTC and healthcare

It is clear that this shop is the town's principal dispenser and has a large throughput of patients. It is the most visible, easiest for parking and very accessible. Above all, patients get VIP treatment and service. While the staff and dispensary may be geared towards healthcare, the front shop isn't and steps need to be taken to offer the thousands of loyal patients much more.

6 Doubling the fitment space for healthcare products is the first step. This space will have been created by the reduction in toiletries stock. This new space should be merchandised well.

7 Mainstream over the counter medicines, P and GSL should be allowed to spread out. Multiple facings for brand leaders and television-advertised lines, important P medicines displayed in glass-fronted fitments – not all behind the counter and GSL lines into the self-service shelves and gondolas.

8 New healthcare lines to be introduced – such as sports medicines, foods and supplements, natural vitamins and remedies, and specialist diets.

9 Healthcare books and perhaps videos.

10 A more comfortable consultation/waiting area with information leaflets and poster display facility.

This is a fine business in a superb position, but it is doing so well with NHS business that the shop has been neglected. The potential is there for more sales and increased efficiency.

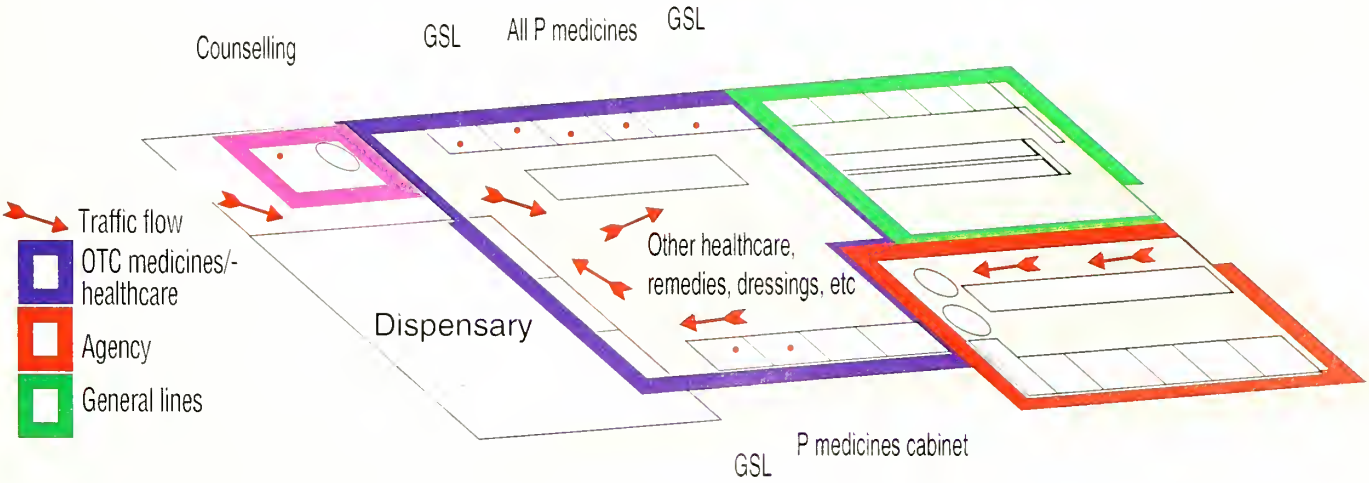
The business owes the toiletries and babycare section nothing. Mr D has given these plenty of space and priced them competitively for too long without a decent return. The time has come to treat them as they deserve: as service lines, in a restricted space. Sales will suffer a little, perhaps a 10 or 15 per cent loss, but they'll hardly be missed.

Part of this shop's personality is its perfume/skin care section. The actions recommended will free up some working capital, while sales should not be affected. Importantly, the stock turn should double or even treble and profitability flourish.

This is a healthcare pharmacy first and it should be made foremost by doubling the area for selling and stocking new profitable ranges. Sales won't double in the first year as a result, but a 50 per cent increase could be expected. Thereafter, the stock and product lines can be fine-tuned as this shop blossoms into the important source of medicines and healthcare in the area.

These changes cannot be put in hand overnight. It will be more a case of evolution than revolution and the whole process may take up to six months. At some stage in the future, when everything has been done, Mr D will have a business with only half of his current stock, turning over considerably more often and the gross profit margin will be hardly affected at all.

Proposed layout



Industry reacts on RPM

Crisis talks will be held this week at the Royal Pharmaceutical Society headquarters following the Office of Fair Trading's announcement of its investigation into resale price maintenance on medicines.

The meeting will "set a strategy in motion to retain RPM", says a Society spokesperson, and will involve all interested parties, including the Proprietary Association of Great Britain and the Proprietary Articles Trade Association, as well as the National Pharmaceutical Association.

Industry sources say Allen Lloyd, chairman of Lloyds Chemists, will be sitting in on the meeting. Although the company refuses to make any comment on RPM, its chairman's presence belies speculation that the group is to enter the discount war.

Manufacturers struck a blow for RPM on Tuesday, when Seven Seas and Roche obtained injunctions preventing Asda from cutting prices on their products.

The court was not persuaded to grant the wide-ranging injunction sought by the two companies, restricting it to those products which had clear medicinal purposes. There will be a further hearing on November 2.

While Asda has reinstated RPM on Roche's and Seven Seas' products, it continues to cut prices on 70 other lines.

The PAGB has declared its full support for the injunctions. "The court has confirmed the position," says PAGB executive director Sheila Kelly. "Vitamins and medicaments are lawfully subject to RPM."

The PAGB is confident it can demonstrate to the OFT that RPM on branded OTC products remains in the interests of consumers. "This lawful control is particularly important in view of the Government's planning policy of supporting community pharmacies, thus ensuring they are accessible to all potential users," says Ms Kelly.

The supplement companies' decision to go to court followed solicitors' letters to Asda from four of the largest OTC companies. Asda has assured Smithkline Beecham, Warner Wellcome, Reckitt & Colman and Procter & Gamble that it will not discount their OTC medicines.

Rival supermarket group Sainsbury has joined the fray and is now offering discounts of up to 20 per cent on vitamins. Manufacturers expect Sainsbury will take account of the decision against Asda.

The NPA has applauded the manufacturers for taking on Asda. Director Tim Astill says he envisages pharmacies becoming involved in the fight at local level, if the OFT enquiry reaches the courts or if Asda steps up its discounting campaign.

Moss Chemists' managing director, Barry Andrews, also welcomes the manufacturers' move. "I am also pleased that the OFT has finally announced an enquiry. Nobody likes uncertainty," he comments.

The OFT expects the enquiry to last six months before a decision is made whether to refer the case to the Restrictive Practices Court. The enquiry is already well advanced into its third stage of discussions with interested parties.

Meetings between OFT officials, the NPA and the PAGB have already been scheduled for early November.

Asda mixed up?

Asda, in spite of protestations to the contrary, has already started discounting OTC medicines.

Natracalm, a licensed product manufactured by English Grains, was among the 80 products first discounted by the supermarket group. "I would hazard a guess they [Asda] don't know that the product is licensed," says EG marketing director Peter Hodgkiss. Asda counters that, as far as it is concerned, it falls into the category of vitamins, minerals and supplements where it is applying discounts.

English Grains has no plans as yet to serve an injunction on Asda. That decision will have to be made when the main board sits next week, says Mr Hodgkiss.

Three on Natwest awards' shortlist

Three pharmacies have been shortlisted for the 1995 Natwest Streamline Independent Retailer Excellence Awards.

The awards are organised in conjunction with the British Chamber of Commerce, whose judges will be visiting the finalists before the end of the month.

The shortlisted pharmacies are: Elizabeth Ure Pharmacy in Glasgow; C Gardner & Daughter of Burnley, Lancashire; and David Benyon Pharmacy in West Cross, Swansea.

The winners will be announced at a ceremony at the Savoy Hotel, London, on November 16, attended by Richard Page, under secretary for small business, industry and energy.

New generics giant chooses UK

The generics and diagnostic agents giant created by the merger of Ivax and Hafslund Nycomed will have its new London headquarters up and running "sooner rather than later".

The US and Norwegian businesses announced the decision to site their "international coordinating" base in the UK when they unveiled their link-up proposals last week. The move mirrors that made by the US/Swedish combine Pharmacia Upjohn. The main reason for the move was the presence in London of the European Medicines Evaluation Agency.

The London headquarters of Ivax Nycomed will be headed by Svein Aaser, also president and chief executive officer of the new company, and staffed by personnel from Ivax and Hafslund's offices in Miami and Oslo. The latter sites will also stay in use, with Ivax Nycomed's executive chairman, Phillip Frost, remaining in the US.

The merger is due to be finally approved early in 1996 and will create a combined operation with a turnover of $2.5 billion and a workforce of 13,000.

Mr Aaser describes the fit between the two companies as perfect, with Ivax being the world's biggest generic drug operation and a leading force in intravenous drug solutions, and Hafslund Nycomed the biggest player in the international diagnostic imaging and contrast media sectors.

MTI to track pharmacists' attitudes month by month

Pharmaceutical research consultant Market Tracking International is launching a regular monitor of pharmacists this month to provide the industry with detailed information on pharmacists' behaviour and attitudes.

The MTI *Pharmacist Monitor* will be based on postal samples of 2,000 pharmacists drawn from *Chemist & Druggist's* subscriber database each month, generating upwards of 200 responses per month. Results will be reported quarterly. Annual trend reports on aggregated data from over 2,000 pharmacists will also be available.

MTI director Adrian Wistreich, who is running the project, says: "The study is designed to allow tactical research of the effectiveness of advertising and promotion to pharmacists and allows tracking of awareness and attitudes before, during and after product launches, training programmes and other targeted activity."

The questionnaire will be divided into a core of questions which will remain constant over the first year; a swing section which will be changed quarterly; and space for private questions available to subscribers.

The *Pharmacist Monitor* will incorporate questions on:

- pharmacists' opinions on the performance of all key OTC sectors – profits, sales growth and customer demand
- pharmacists' attitudes to trading conditions
- pharmacist and staff training and education
- purchasing decisions
- supplier performance – including product, service and image attributes for specific OTC companies
- brand performance of over 150 brands in 30 OTC sectors.

Founder subscribers will be able to buy into the first full year's research (including four quarterly reports, one annual report and a face to face management presentation for UK subscribers) at £4,995. Quarterly subscriptions are also available at £1,895 per quarter.

MTI has been researching pharmacists' attitudes over the last two years through annual studies in association with *Chemist & Druggist*, and has published several market analysis reports with *C&D's* publishing company, Miller Freeman, on the pharmaceutical and beauty industry.

For further details, please contact Adrian Wistreich, MTI, on 0171 263 1365.

GW settles patent dispute

Glaxo Wellcome's stock market value was boosted by almost $2 billion after it reached an out of court settlement with generics company Genpharm over a dispute concerning GW's Zantac patents.

GW's share price rose 52.5p to 849p following the news. The companies were due to fight it out in the US courts this week, but GW's chief executive, Sir Richard Sykes, says the group has settled out of court to eliminate "the uncertainties of any jury trial involving highly technical and complex issues of patent law".

Under the agreement, Genpharm, which is part of the E Merck Generics Group, has acknowledged the validity of the patents and will not market any product containing ranitidine hydrochloride in the US before 1997, or a Form 2 product until 2002.

In return, GW will pay Genpharm an unspecified amount over the next three years. It will also sell ranitidine to E Merck Generics' companies in the UK and Australia from January, 1997 until July, 1999 and July, 1998 respectively.

Litigation concerning the patent in the UK and Canada has also been discontinued.

GW chief Sir Richard Sykes: settled out of court to avoid a complex legal case

Loss of toiletries sales puts pressure on pharmacies

The pulling power of the superstore is key to the decline in pharmacies' sales, says Mintel's latest report, entitled 'Personal Healthcare Retailing'.

Sales through chemists and druggists in 1995 are estimated to be more than $3 billion at current prices, but, in real terms, have declined each year since 1991. At constant prices, sales through chemists and druggists this year are estimated to be some 7 per cent less than in 1990.

Mintel puts this down to price pressures and the move away from pharmacies to superstores for the purchase of toiletries.

The report estimates that consumer spending on OTC healthcare products will be more than $1.3bn in 1995, showing a rise of 46 per cent since 1990. Sectors showing particularly strong growth are: alternative remedies; minor ailment remedies; and vitamins and dietary supplements.

The growing number of 45-54-year-olds is likely to benefit the market for anti-ageing skin care and for OTC remedies, says the report, which is available from the Mintel International Group, priced $595. Tel: 0171 606 6000.

GW asthma offer

A seasonal discount scheme through Unichem allows independent pharmacies to dispense Allen & Hanbury asthma products against open prescriptions. The promotion runs through the last quarter of this year and offers 27.4 per cent discount on Ventolin, Becotide 50 and 100, and Becloforte.

Co-op expansion

United Norwest Co-op Health Care has acquired a group of three pharmacies in Greater Manchester. Co-op Health Care chief Geoff Flint says the acquisition of the Mayfair group is part of a strategy to expand the chain from 37 to 50 outlets over a three-year period.

SB merchandising

Smithkline Beecham is launching three ideas to help pharmacists merchandise oral care, GSL and Pharmacy products. The proposals include advice on shelf product positioning and space allocation, and are based on Nielsen and IMS data. Copies are available by calling 0181 975 4291.

RPR victorious

Rhone-Poulenc Rorer has declared its £1.83 billion offer for Fisons unconditional after receiving acceptances of 67 per cent by last Saturday's deadline. RPR says the offer will remain open until further notice.

Rebels quelled

Scholl's rebel shareholders, who have been agitating to replace three non-executive directors and effect a sale of the company, were defeated at an EGM by a 60 per cent majority.

COMING EVENTS

TUESDAY, OCTOBER 31
Leicestershire Branch, RPSGB
Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. 'Post Grad 3: Foot care and other problems associated with diabetes' by Rajash Jogia (chiropodist) and Jackie Troughton (dietician).

THURSDAY, NOVEMBER 2
Sheffield Branch, RPSGB
Edale Suite, Rutland Hotel, 452 Glossop Road, Sheffield, 7.30 for 8pm. 'Injecting drug users – the role of the pharmacist in promoting sexual health' by Dr Trish Shorrock, Leicester CDT. Sponsored by APS/Berk.

ADVANCE INFORMATION

The British Society for the History of Pharmacy and the RPSGB are holding a joint meeting at 1 Lambeth High Street, London, 6.30 for 7pm, on **November 8.** 'Professional interactions: the London pharmaceutical community in the life and work of Michael Faraday (1791-1867)' by Dr Frank A J L James.

The Yorkshire Branch of the Association of Pharmacy Technicians is holding a study day on 'Burns' at Pinderfields Hospital, Wakefield, on **November 11**. Details from Caroline Slater on 01924 201688, ext 2266.

PSNC is holding a one-day conference, 'Pharmacists working with the new health authorities – planning for the future', on **November 23** at the Metropole Hotel, NEC, Birmingham.

The University of Bradford is presenting the second of its third series of Pharmacy Prestige Lectures at the School of Pharmacy, Lecture Theatre N4, Richmond Building, on **November 28**, 5pm for 5.30pm. Details from Professor P York on 01274 384738.

DoH keeping a watching brief

In spite of the fact that both AAH and Unichem have axed discount on lines requiring refrigeration, the Department of Health says it is still "keeping a watching brief" on whether to 'zero discount' these products.

"Pharmacists can still obtain these items from alternative sources," says a DoH spokesman. "We will have to wait and see if other wholesalers follow the example of these two companies."

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PSNC

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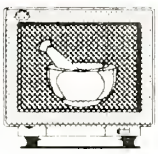

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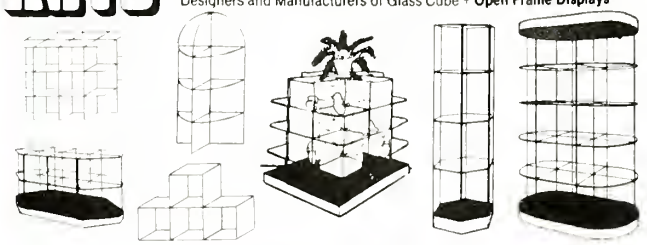

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ABOUTpeople

My pharmacy childhood

A retired GP from Wakefield, Yorkshire, is looking for a printer to publish his autobiography, which includes memories of a childhood spent in his parents' village pharmacy.

Through the 1920s and 1930s Dr Alan Kirkbright, now 73, used to help out at the shop run by his father, Alfred, and mother, Minnie, in Yeadon, Yorkshire.

"The life of a pharmacist back then was very different from today," he says. "The main thing was there were far fewer prepacked medicines. My father made up a lot of the remedies, and people used to come in to have their empty bottles filled up with cough medicine and so on."

Besides giving a general picture of a pharmacy between the wars, the book includes some comic incidents from the dispensary.

"There was the time I used the wrong type of funnel to pour sulphuric acid and watched it dissolve before my eyes," he says.

Like his father, Dr Kirkbright trained first as an optician, then as a pharmacist. He studied medicine after leaving the army in 1946 and was a GP for 35 years.

Grant helps fund refurbishment

A pharmacy in Llangefni, Gwynnedd, is at the heart of a building restoration project backed by grants from the Welsh Office and Anglesey Borough Council.

The grants cover 50 per cent of the £12,000-£18,000 refurbishment of the two derelict floors above R R Jones Chemists in Bulkeley Square, Llangefni. Once the work is completed, the office space will be occupied by a local architectural practice.

The Welsh Office money is part of a £100,000 development grant aimed at boosting the Anglesey economy. Dewi Lloyd of the borough council's economic development unit says another applicant for a grant under the scheme was a pharmacist in Amlwch.

"Boots in Llangefni has also applied for some of the money to help fund its relocation to bigger premises," he says.

Star Trekkers Andrew Burr, Jon Merrills, Alison Blenkinsopp and Philip Green beam down to the YPG Ball to meet Star Wars' Darth Vader, aka conference organiser Mark Koziol

YPG boldly goes for fancy dress

Captain Kirk would have been proud to welcome the Young Pharmacists' Group aboard the starship Enterprise.

Members of the YPG went to town with their costumes for the fancy dress Trekkers' Ball at Birmingham's International Convention Centre, with delegates from most alien planets present.

The star of the weekend, former NASA Apollo flight director Gerry Griffin, was amused by this British eccentricity and went round taking snaps of the various sci-fi heroes and villains to take back to the US.

● The new members of the YPG executive committee for 1996 are as follows: Andrew Burr, chairman; Joel Hirst, vice chairman; Sharon Hart, secretary; Richard Eyles, treasurer; Andy Platten, social secretary; Greg Miller, recruitment officer; Deirdre McKiernan, membership secretary; and Sultan Dajani, public relations officer.

The regional co-ordinators are: Guy Jepson (Northern), Diane Mehaffy (Pennines), Mike Achiampong (Midlands), Bharti Tailor (Wales and West) and Wendy Harris (Southern).

YPG guest and former NASA flight controller Gerry Griffin leads the way for husband and wife astronauts Andy and Tee Weinronk of Weinronk Chemist, Merseyside

Frank's in the driving seat

Frank Nicolson loves doing up vintage cars and now AAH Pharmaceuticals is lending the Scottish pharmacist from Dunblane a hand.

Frank owns three pharmacies in and around Dunblane: Nicolson's Chemists in the High Street and in Anderson Street, as well as the Strathblane Pharmacy in Blanefields. But his love is vintage motors.

Frank's passion for restoring old cars started more than 20 years ago, when the notion of turning an old VW Beetle into a trendy beach buggy seemed like a good idea. However, no beach buggy ever came to pass.

"A customer, who had given up driving, offered to sell us his Beetle and we acquired an immaculate, red vehicle, which was far too good for us to break apart," he explains. Indeed, the family rebuilt it and it won a whole host of prizes at vintage car rallies.

While at car rallies and shows, Frank collects money for charity – particularly Guide Dogs for the Blind – and AAH's sponsorship for next season means he will have a Vantage-branded collecting box and promotional leaflets to help him raise even more.

Congratulations are in order for the Pharmacy Practice Division, which provides a prescription pricing service in Aberdeen, Edinburgh and Glasgow. The division has just been accredited to the ISO 9002 quality standard (formerly BS 5750) and its general manager, Lyndon Braddick, was presented with the certificate at a recent ceremony by Geoff Scaife (left), chief executive for the NHS is Scotland and chairman of the board of the Common Services Agency

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